DOCUMENT RESUME

ED 436 237 PS 027 905

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|---|---|
| AUTHOR | Clevenger, Sydney Stephenson, Ed. |
| TITLE | CDF Reports, 1997. |
| INSTITUTION | Children's Defense Fund, Washington, DC. |
| SPONS AGENCY | Charles H. Revson Foundation, Inc., New York, NY. |
| ISSN | ISSN-0276-6531 |
| PUB DATE | 1997-00-00 |
| NOTE | 240p.; For the 1996 issues of this monthly newsletter, see ED 432 357. |
| AVAILABLE FROM | Children's Defense Fund, 25 E Street, N.W., Washington, DC 20001. (1-year subscription, $29.95). Tel: 202-628-8787; Web site: <http://www.childrensdefense.org>. |
| PUB TYPE | Collected Works - Serials (022) |
| JOURNAL CIT | CDF Reports; v18 n1-13 Dec 1996-Dec 1997 |
| EDRS PRICE | EDRS Price MF01 Plus Postage. PC Not Available from EDRS. |
| DESCRIPTORS | Accountability; Budgeting; Change Agents; *Change Strategies; *Child Advocacy; Child Health; Child Welfare; *Children; Community Programs; *Federal Legislation; Health Insurance; Periodicals; Poverty; *Public Policy; State Legislation; *Youth Problems |
| IDENTIFIERS | Black Community Crusade for Children; Child Watch; Childrens Defense Fund; Social Movements; Welfare Reform |

ABSTRACT

These 13 issues of the Children's Defense Fund Report from 1997 discuss concerns related to child advocacy and provide information on problems in children's lives in the United States. Regular features include the editorial column "A Voice for Children," a status report on federal legislation related to children, descriptions of Children's Defense Fund activities, news from the Black Community Crusade for Children, media tips, field strategies, and summaries of relevant research and reports. Topics covered in major articles include the following: (1) December 1996--the nation's juvenile violence is decreasing, fewer guns and more community involvement are helping to keep children safe; (2) January--child health insurance coverage, political leadership accountability, public opinion about issues such as violence prevention, and key facts related to child well-being; (3) February--1996 congressional voting record; (4) March--the Stand for Children initiative and proposed federal legislation regarding child health insurance; (5) April--1998 federal budget proposal and the Stand for Children initiative; (6) May--the Hatch-Kennedy CHILD Act, employer-based health insurance, and tobacco/alcohol/drug use prevention; (7) June--the campaign for the Hatch-Kennedy CHILD bill, and planning a children's Sabbath celebration; (8) July--the Stand for Children initiative; (9) August--child gun deaths and community child protection initiatives; (10) September--gains for children in the 1997 Balanced Budget Act, child health insurance coverage, and young families; (11) October--decreases in U.S. teen birth rate, and the welfare to work initiative; (12) November--the State Child Health Insurance Program, alarming child poverty rates, and after-school time; and (13) December--important gains in child health, falling juvenile crime, and the State Child Health Insurance Program. (KB)

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# CDF Reports, 1997

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Children's Defense Fund

**LEAVE NO CHILD BEHIND℠**

CDF Reports

Marian Wright Edelman, President

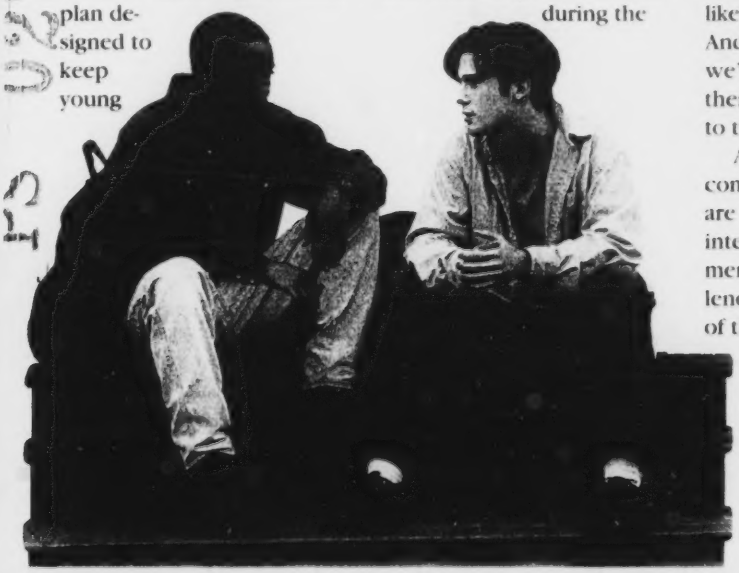
December 1996
Volume 18, Number 1

## Juvenile violence decreasing

# Fewer guns, more community involvement keeping children safe

Like many American communities, Boston is concerned about violence against children. By the late 1980s, the number of young people murdered had jumped dramatically, the number of violent crimes committed by juveniles was rising, and guns and drugs were more often involved in youths' criminal activities.

In response, Boston community and political leaders created a comprehensive violence prevention plan designed to keep young people safe and out of trouble, help youths stay clean after small brushes with the law, and take fair but tough action against young people committing violent crimes. Thanks in part to this broad-based effort, the number of young people murdered with guns in Boston dropped 80 percent between 1990 and 1995. The juvenile arrest rate for aggravated assault and battery with a firearm decreased 65 percent. Violent crime in public schools during the 1995-1996 school year dropped 20 percent from the previous year. And, as this story goes to press, no juvenile has been killed with a gun since July of 1995.



"Young people now know that we care," says Jim Jordan, director of the Office of Strategic Planning and Resource Development for the Boston Police Department. "We are more involved in young people's lives and we have developed relationships with them, so they are not as likely to get involved in crime. And young people know that we're watching them, and there will be consequences to their actions."

All across the country, communities big and small are focusing on prevention, intervention, and enforcement to tackle youth violence. Their success is one of the reasons that in 1995, the nation's juvenile violent crime rate fell for the first time in almost a decade and, according to the FBI's preliminary data, the juvenile murder rate has dropped for the past two years.

### Guns increased violent crime

Contrary to what much of the public believes and contrary to some media and

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## Fewer guns, more community involvement keeping children safe

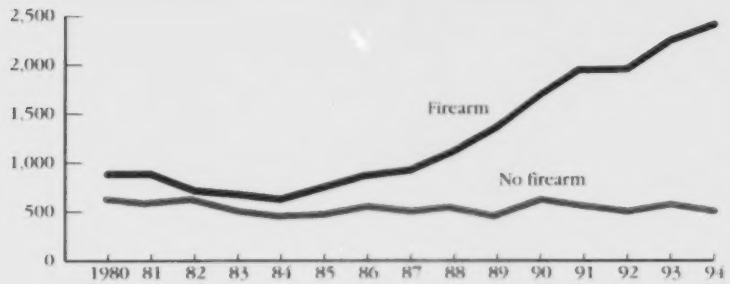
*(Continued from page 1)*

politicians' hype about a huge juvenile crime wave, the proportion of young people involved in crime actually has changed little over the past decade, says Kim Wade, CDF assistant general counsel. What *did* surge until 1995, prompting serious, legitimate concern, were the rates of juvenile *violent* crime—particularly gun violence. Between 1985 and 1994, juvenile arrests for *violent* crimes (murder, forcible rape, robbery, and aggravated assault) rose 75 percent, largely driven by an increase in gun crimes. During this period, for example, juvenile arrest rates for murder *without* guns remained stable, but juvenile arrests for gun homicides quadrupled (see graph at right). Nearly two out of three juvenile murders now are committed with guns.

"Juveniles are just the same as they've always been," says Jordan, "except the guns are there." Wade agrees. "These patterns underscore how the growing cancer of more, cheaper, and smaller guns has driven up juvenile violent crime rates," says Wade. "What once would have been a fistfight or a stabbing, now often is a deadly shooting." But preliminary FBI data show encouraging declines for 1995 in juvenile arrests for homicide (down 15.2 percent) and other violent crimes, declines that, if sustained in the years ahead, would represent an important reversal of recent trends.

The spotlight on gun crimes and violent crimes is set against a backdrop of largely unchanged juvenile crime patterns. In 1992, the overall arrest rate for young people ages 10 to 17—at 1,306 arrests per 100,000 juveniles—was only 6 percent higher than in 1985 and was lower than the arrest rate in 1981. "It's true that a greater *number* of young people are being arrested compared with a decade ago, but that's because the number of juveniles is increasing," says Wade. The majority of young people, she notes, still are not involved with crime. Moreover, the overwhelming majority of youth crime is still nonviolent. For example, the rate of arrests for property crime has remained relatively constant over time, and accounts for *five times* as many juvenile arrests as violent crime. And, much of juvenile violent crime is concentrated in a small number of urban areas, where illegal guns are easy to get and children are more at risk for crime because of poverty, poor schools, few opportunities for out-of-school activities, drug use in the community, and similar problems. In 1994, one in three juveniles arrested for homicide lived in New York City, Los Angeles, Detroit, or Chicago. As for the rest of the country, eight of 10 counties had *no* juvenile homicide arrests at all, and another one in 10 had only one.

**Juvenile homicides with and without guns, 1980–1994**




■ The number of juveniles who used a weapon other than a firearm remained constant between 1980 and 1994.

■ Over the years 1980–1994, the proportion of juvenile homicide offenders using a gun to kill went from a low of 53 percent in 1985 to 82 percent in 1994.

*Source: *Juvenile Offenders and Victims: 1996 Update on Violence*, Pittsburgh, Pa.: National Center for Juvenile Justice, February 1996, page 24.

### Stereotypes unjust

Warnings of a coming wave of "superpredator" violent or criminal children have led to unwarranted fear and stereotyping of children, says Wade.

"Media stories about the rise in youth violent crime often include inflammatory, inhuman language to describe children, and unrepresentative depictions of minority children," she says. "When many people look at young people, especially minority boys, they think they're all just like the one child they saw on the news."

In fact, only one-half of 1 percent of all young people are arrested for a serious violent crime each year. More than two out of three young people arrested in 1994 were White. White youngsters are arrested more often than Black youngsters for every offense except homicide, in part because Black youths are more likely to live in communities where illegal guns are easily available.

Black children continue to be disproportionately represented in the juvenile justice system—from arrests to courts to secure detention. This is even more of a concern now that more and more children are being moved to adult courts and jails, in an outdated and misguided "get tough" approach, says Black Community Crusade for Children (BCCC) Legal Associate Neil Stanley. "Juvenile judges can turn a child's life around," says Stanley, "if they have options for treatment and punishment, and are aware of the problems of bias."

Media reports that predict a horrifying wave of juvenile crime because the number of young people is going to rise significantly in the next 15 years also fail to tell the whole story, says Wade. "The increase in the number of young people in the 1990s and projected for the next century follows a decade in the 1980s of declining youth population," she says. More a bulge than a boom, Wade says, the number of teens will rise only enough by 2005 to equal the number of teens in 1980. And, relative to the whole population, the proportion of young people isn't growing at all. Teens ages 15 to 19 will make up the same percentage of the population in 2010 as they have every year since 1989—7 percent.

"We should stay concerned, until there is no youth violence at all," says Stanley. "But 10 times as many juveniles are *victimized* by violent crime as are arrested for committing violent crime.

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CDF Reports

*CDF Reports* (ISSN: 0276-6531) is published monthly by the Children's Defense Fund, 25 E Street NW, Washington, DC 20001, 202-628-8787. Year subscription rate: $29.95. For change of address, please include your old mailing label with your new address. Write to the managing editor for permission to reprint any part of this publication. The Charles H. Revson Foundation provides support for all CDF publications.

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# A Voice for Children

*by Marian Wright Edelman*

## Let's celebrate young people

Michelle Lee Patterson wants you to know that the young offenders you see on the evening news don't represent her or the majority of her generation. "The media makes it seem like all of us are caught up in drugs and violence," says Michelle, a senior at Fairmont Heights High School in Maryland, who is one of the extraordinary young leaders I met recently when the Children's Defense Fund honored them for beating the odds and awarded them scholarships. "Most of us," she says, "are not bad."

Michelle is right. Most young people are not delinquents, drug abusers, or school dropouts. The truth is, more of our young people are graduating from high school and going to college than ever before. Many, like Michelle, are doing a wonderful job of beating the odds.

When Michelle was 15, her mother was no longer able to care for her in their home in North Carolina. Michelle struggled on her own until she was able to borrow enough money to buy a one-way train ticket to Maryland, where she lived with a loving aunt. She since has done very well in school, has become active in numerous school activities, and is a volunteer at her local hospital.

Theodore M. Wesby III is another youth who is defying the odds. He and his mother lived in a homeless shelter, where every day was a struggle just to survive. Last year, they moved to Washington, D.C., where they found a new beginning. In June, Theodore will graduate from high school, a year early, after spending two years in night school. In addition to his accelerated class schedule, he has volunteered more than 200 hours in his community. Theodore says, "The best is ahead of me, because I've conquered the worst."

**We spend so much time lamenting young people who are doing the *wrong* thing that we forget to praise the ones who are doing the *right* thing.**

Yohannes "Johnny" Demoz's story is one of great triumph. When Johnny was 8, a bomb blew up just a few feet from where he stood in his homeland of Ethiopia. In the explosion, he lost his sight, his best friend, and his childhood dream of becoming a soccer player. He had to relearn many basic skills and discovered many new challenges. In America, he had to learn not only English, but Braille as well. He has mastered both languages and has become an honor student at his Washington, D.C., high school. Other outstanding youngsters honored recently by CDF for beating the odds were Myia Alston and Daysi Blanco, both 17 (see photo on page 12).

All of these young people possess enough courage, compassion, and fighting spirit to inspire a nation. But too few of us pay attention to their inspiring deeds. We spend so much time lamenting young people who are doing the *wrong* thing that we forget to praise the ones who are doing the *right* thing. Our children are *not* "superpredators," and they are not uncaring. They represent our nation's best hope for a brighter future, and they all deserve our nation's, our communities', and our families' investment in their future, so that even more of them can achieve success.

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# Fewer children getting preventable diseases

The number of vaccine-preventable illnesses, such as measles and mumps, among preschoolers is at an all-time low, according to the most recent government data—in significant part because many more children are getting immunized before their second birthday.

The Centers for Disease Control and Prevention (CDC) in October released information that shows disease rates among young children have dropped 35 percent since 1993. At the same time, full-immunization levels for 2-year-olds have risen to 75 percent—up from 55 percent in 1992.

"It's really very exciting what's happening," says Melinda Wharton, chief of the Child Vaccine Preventable Disease Branch at CDC. "Preventable-disease immunization coverage is the highest it has ever been, and it has served to protect young children from diseases in the critical years before they enter school."

In Fiscal Year 1996—the 12 months ending on September 30, 1996—CDC reports that 3,277 preschool children under 5 contracted vaccine-preventable illnesses, for a rate of 16.8 per 100,000. This is down significantly from the FY 1993 disease rate of 25.9.

The near-elimination of measles is "one of the most remarkable success stories," says Wharton. Only 106 children under 5 contracted measles in FY 1996—an all-time record low. The numbers of children under 5 who got mumps, rubella, or *Haemophilus influenzae* (Hib—before effective vaccines were available, the leading cause of bacterial meningitis) also are at all-time lows.

## More children getting shots

The major reason fewer children are catching vaccine-preventable illnesses is that more children are getting immunized, says CDF Health Director Stan Dorn.

The most recent national immunization survey, conducted by the CDC's National Center for Health Statistics (NCHS) during the last six months of 1994 and the first six months of 1995, shows that 75 percent of 2-year-olds were fully immunized, having had all the required vaccinations for measles, mumps, and rubella (MMR); for diphtheria, pertussis, and tetanus (DPT); and for polio. In 1992, by contrast, only 55 percent of 2-year-olds were fully immunized. Even taking into account the new Hib vaccine introduced after 1992, 73 percent of 2-year-old children were classified as fully immunized by June 1995.

## VFC helping

The Vaccines for Children (VFC) program, which Congress enacted in 1993, and other parts of the federal childhood immunization initiative are making immunizations accessible to more children and helping reduce vaccine-preventable illnesses, says Dorn.

VFC makes vaccine available at no cost for uninsured, Medicaid-covered, and Native American children—about 40 percent of all U.S. children—through private doctors and public clinics that enroll in the program. The goal of VFC is to let children receive their immunizations from the same doctor who provides their regular health care. Some children with health insurance that does not cover vaccinations also are benefiting, because most states are using their own money to extend VFC's strategy to other children.

"The VFC is working well," says Dr. Brian Lepley, a pediatrician in Oklahoma City, Okla. "Now we can make vaccines available for folks who, in the past, we had to refer to the health clinic."

Because of the rising cost of vaccines, Lepley estimates that before the implementation of VFC in October 1994, he referred about 20 percent of his uninsured and low- to moderate-income patients to public health clinics, and many other private physicians were doing the same. A 1992 national survey of pediatricians found that 55 percent referred some or all of their patients elsewhere for immunizations. As a result, doctors missed many opportunities to immunize children in the office, parents and children had to make extra trips to the clinics, and parents had to take additional time off from work and endure long waits that often discouraged them from getting their children's shots on time.

With VFC, private physicians can immunize children when they come in for other illnesses or for check-ups, and that can only improve children's health, says Lepley.

Although VFC was not in operation during some of the period covered by the latest NCHS statistics, the FY 1996 disease rates show its effects, and a number of state health officials are reporting that by 1996, VFC had begun to make a difference in state immunization rates, partly because it allows for faster purchase and dissemination of new vaccines. According to an Oklahoma state survey of 2-year-olds, for example, immunization rates rose from 65 percent in 1993 to 74 percent in 1996. Illinois rates rose from 62 percent in 1995 to roughly 72 percent in 1996. And in Tennessee, rates increased from 78.6 percent in 1994 to 84.4 percent in 1996.

VFC is one of the major strategies the country has pursued to better immunize its children, according to Dorn. Federal, state, local, and private efforts to educate providers and parents about the importance of immunizations after the 1989–1991 measles epidemic have also played essential roles.

## Long way to go

Despite the recent upward trend in immunization rates, says Dorn, one in every four 2-year-olds is missing one or more of the immunizations that protect against preventable and potentially fatal or disabling diseases.

"To boost immunization rates further," says Dorn, "we need to build on our wonderful recent success in working together—federal, state, and local officials, parents and doctors, business and community organizations—to help our children get the health care they need."

*For more information, order* Recent Progress on Immunizations: Giant Steps for Babies and Toddlers, *available for $5.95 from CDF Publications, 202-662-3652.*

# Child Watch

## Witnessing the needs of children firsthand

The Rev. Marla Kauerz is haunted every day by the face of Marcus, a seven-year-old boy who lives in a special home for severely neglected and abused children.

"I can't shut him out of my mind," says Kauerz, a United Methodist minister at St. Andrew United Methodist Church in Denver, Colo. "He's a normal child with a brush haircut, who looks like he should be outside playing baseball. But there is a kind of sadness about him that tells you his heart and mind have been through so much."

Kauerz met Marcus as part of a Child Watch tour she took in late July with about 40 other business and religious leaders, to witness the needs of children in the community. Marcus, a resident of the Colorado Christian Home/Tennyson Center for Children & Families, gamely chatted with Kauerz about his favorite lunch—hot dogs—and told her that he likes to play basketball.

Photo © Human Issues Collaborative

Since then, says Kauerz, she has been thinking about ways to encourage her congregants to become more involved in the lives of children like Marcus. For starters, she plans to rent a bus and take members of St. Andrew to agencies that deal with children, so they can see for themselves the needs of local children. "Child Watch is really an eye-opening experience," says Kauerz. "There are terrible things happening to children in our society. This gives you a name and face to put with the problems you hear about."

Kauerz's reaction is exactly what Child Watch visits are all about. Developed by CDF in 1990, Child Watch helps community leaders learn about children's needs from firsthand experience, and then gets them to think about the next step—action. "We want every Child Watch participant to meet a child who touches them, who becomes more than a statistic, and is someone they can take home in their heart," says Sharon Ladin, CDF's Child Watch director. "If people take a mental picture of a child home with them, they can't help but feel accountable for that child, and they will always remember that child's needs."

### More than statistics

Child Watch tours generally are planned and carried out by coalitions of local organizations, with CDF providing organizing materials, training, and ongoing assistance (see page 10). Since 1991, with support from the Ewing Marion Kauffman Foundation and the AT&T Foundation, CDF has trained people from more than 125 communities to carry out Child Watch visits. "Any group of committed individuals can host a Child Watch," says Ladin. "Many Child Watch coalitions operate without a budget and orga-

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### Witnessing the needs of children firsthand

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nize tours by obtaining small donations from local groups and corporations." In the past 18 months alone, more than 3,100 community leaders like Kauerz have participated in 120 Child Watch visits in 28 states.

A typical Child Watch takes four to eight hours, and escorts participants through two to four sites. Some Child Watch visits are designed for a single type of participant—business or religious leaders, journalists, or members of a particular organization—while others combine people from a variety of organizations and professions.

Each Child Watch has its own theme, depending on the unique needs of the community. In St. Louis, Mo., where the number of children killed by guns is increasing, Child Watch organizers decided to focus on violence, says Maureen Filter-Nolan, director of Safe Futures, a prevention initiative designed to help the city's at-risk children and adolescents. About 40 community leaders went to a residential center for young people in the juvenile justice system, where they ate lunch and talked with the youths. The visit dispelled racial stereotypes about young people who commit crimes, and gave the community leaders a new perspective about teens and the difficulties they face growing up, says Filter-Nolan.

In Flint, Mich., Child Watch participants learned about the effects of domestic violence on children, by attending three domestic abuse hearings in probate court, playing with abandoned and sexually abused children at a residential facility, and talking with mothers holding their frightened children at a "safe house" for abused women.

"Child Watch is an attempt to see the world as a child sees it," says Colorado Gov. Roy Romer, who participated in the same Child Watch tour as Kauerz. "You can learn a lot just by getting out of your office and seeing how the world is really working.

"If you walk into a creative child care facility or a hospital that's caring for young children, you begin to see how what we do really affects their lives," says Romer. "It's a wonderful way to make the leadership in the community aware of how crucial our policies and practices are for children."

Child Watch is an especially important tool for children's advocates in light of the new welfare law, says Ladin. "Community leaders will be able to see how children and their families are impacted by the new law and find out exactly what they need," she says. At a Denver Child Watch, for example, a philanthropist, while visiting a day care center that had just learned it was losing some government funding for snacks and lunches, wrote a $15,000 check to "help ease the pain" until a permanent solution was found.

Countless Child Watch participants say they have changed their thinking about children because of Child Watch. "People who live outside a world of poverty and neglect—no matter how compassionate they are—often don't understand how difficult it is to raise children in a low-income community," says Ladin. "For instance, if you've never had to go hungry for more than a few hours, you don't know what it's like for children whose families can't afford to feed them every time they are hungry."

> **"Not to know is bad. Not to want to know is worse. Now that we know, what are we going to do about it?"**
>
> *—The Rev. Ronald Packnett, Third Baptist Church, St. Louis, Mo.*

Many Child Watch visits include activities that help participants get a better feeling for the realities of everyday life for low-income families. In Williamson, W. Va., participants listened for eight long minutes to a tape of a six-year-old screaming to a 911 operator for help, as the child's mother was beaten by a boyfriend. In Hartford, Conn., participants played a game to see how far they could stretch a family budget based on a monthly welfare check. And religious leaders in Ft. Worth, Texas, took their Child Watch tour on empty stomachs.

### Inspiring action

Child Watch brings in new people who've never before been involved in advocacy efforts, says Julie Rehder, program manager for the North Carolina Advocacy Institute, "and the visits work for everyone, from a grassroots level on up to the most powerful leaders."

*(See page 7)*

## Child Watch *in action*

As part of their invitation to a Child Watch in Oklahoma City, participants received a shoe and a few facts about a local abused or neglected child. The size and condition of the shoe was based on the child's story. Upon arrival for the tour, each participant received the mate to the shoe and more facts about that child. Throughout the day, as participants visited centers for abused children, elementary schools, and agencies focused on preventing child abuse, each received envelopes containing more information about his or her child. Some of the children who were profiled had died; some lived, but in deplorable conditions, and some had received life-saving help from agencies, services, and communities.

### Witnessing the needs of children firsthand

*(Continued from page 6)*

Child Watch visits are as effective in rural areas and small towns as they are in large cities, says Margie Hale, executive director of the West Virginia Kids Count Foundation, which provides small grants to coalitions that want to organize Child Watch tours. In fact, Hale says, "Child Watch has the potential for being even *more* successful in engaging the community in a rural area than in [an urban] area, because more people know each other. Everybody knows the bank president in a small town, which is important because what gets business leaders involved in a project is being asked to participate by another business leader."

The measure of a successful Child Watch is how much participants' attitudes change and whether they are inspired to take local action in their community that will make children's lives better, says Ladin. "Ideally, we want every person who goes on a Child Watch to find a new path of service and involvement for children. Even if they just take *one* action for children, it will make a difference."

> **"We need to draw on the rich resources of our community to address children's needs, because they are the guarantee of our tomorrow."**
>
> *—Rabbi Harold Kravitz, Minnesota Rabbinical Association*

For example, religious leaders who participated in a Child Watch in Dallas formed an interfaith coalition to tackle child abuse, after listening to speakers from Child Protective Services and seeing a slide show by a Children's Medical Center doctor who examines abused children. Coalition members have attended several meetings to learn how to recognize abuse, how to screen volunteers working at their churches and synagogues, and how to use resources in the community when they suspect a child has been abused. Several of the religious leaders have joined the local Child Abuse Council.

The actions inspired by Child Watch visits are as varied as the Child Watch groups themselves. For example:

• Religious leaders who went on a Child Watch visit in St. Louis, Mo., have arranged for their congregants to tutor local elementary school students.

• Several nursing students from the University of Michigan at Flint were so moved after talking to young people in the juvenile detention center, they asked their department to require students to go on a Child Watch visit before graduation.

• Miami legal professionals were so shaken after walking past cells in the county juvenile detention center that they began discussing ways to focus the community on crime *prevention* activities for young people.

• A number of business leaders who participated in a Child Watch in Greenville, S.C., have spoken to Rotary, Lions, and Kiwanis club meetings about their experiences. And Child Watch inspired a local sales representative from a clothing manufacturer to donate children's clothes to three United Way agencies.

"Child Watch shows us that we all can educate, motivate, and push for changes that need to be made in our communities," says Rehder. "Everyone has the power to do *something*, whether it's talking to neighbors about children's needs or giving a speech.

"Hearing from a child what he or she needs is so powerful," Rehder says. "It's all out there for us, if we just open our eyes, our ears, and our hearts."

*To find out how to plan a Child Watch in your community, call Colleen Montoya, 202-662-3588.*

Photo © Warren Village

*Denver community leaders on a Child Watch (left to right): Tim Gary, regional manager, Nordstrom; the Rev. Sandra Wilson, St. Thomas Episcopal Church; and Bill Ritter, Denver District Attorney.*

# Teen mom hopes Child Watch helps participants

Karrah Flores doesn't mind having strangers regularly visit her home, look into her bedroom, and wave when she's sitting in her kitchen. In fact, the 19-year-old hopes that the Child Watch participants who tour the Denver, Colo., group home for pregnant teens and teen mothers where she lives will use the experience to deepen their understanding of young people in her situation.

"I'm not a screw-up," says Flores, who was homeless and living in her car when she found out she was pregnant. She was referred to the Bridgeway group home and education center when a local counseling agency couldn't find a family with which she could live. "I'm just a human being who made a wrong decision in life. Everybody on earth has made a mistake. Mine is just more noticeable."

Before people visit Bridgeway, Flores says, many think that pregnant teens are irresponsible and that "we reproduce and think it's no big deal." A benefit of the Child Watch visits, she says, is that participants come to understand that the teens at Bridgeway are doing their best to better their situations.

> "There is no denying a problem exists, if you see it."
>
> —*Emily Wolf, National SafeKids Campaign*

"They see that Bridgeway is here to help us finish high school and go to college, and show us we need to have jobs," says Flores. "And they understand that sometimes we do need assistance from the government, but that's not our whole way of life." Flores, who opted to give up her son for adoption, has enrolled in a sign language interpreter's program, has a full-time job, and hopes to become an assistant housemother at Bridgeway after she has completed the maximum 18-month stay there.

One of Flores' housemothers, Mary Bernard, lived at Bridgeway for almost eight months before she gave birth to her daughter, now 5. Bernard is married, works part time at Bridgeway, and attends college full time.

Bernard says she hopes Child Watch visits help community leaders understand that teen moms are not lost causes. Bernard also hopes Child Watch will encourage business leaders to provide teen mothers with jobs. "It is worth helping people in this situation get on with their lives and produce a better second generation, and to break the chain of single parenting and welfare," says Bernard. "We have to give everybody a chance to get a new start, so they can make their life better."

## Child Watch all across the country

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# Greenville's success hinges on hard-working coalition

On Michelle Shain's first Child Watch tour, she saw young mothers who were dying of AIDS plan for the future care of their children. She watched scared, sick, and injured children wait for treatment at an inner-city health clinic. And she came within a fingertip's reach of tiny, drug-addicted babies.

"I was so moved," says Shain, president of the Junior League in Greenville, S.C., and a mother of three. "None of us could contain our tears. It was just so powerful."

Determined that others in her community would come to better understand children's needs, Shain, along with Ed Marshall, executive director of Success By 6, the local United Way's early childhood education program, began recruiting advocates to form a Child Watch coalition in Greenville County.

"Coalitions are an important part of Child Watch, because you get so many ideas and different viewpoints," says Marshall. "And you have that many more hands to call upon to do the work." Initially, Marshall and Shain brought together representatives from the school district, the children's hospital, the chamber of commerce, a local children's agency, and a corporation. Each person invited a few more people, and the coalition grew to 29 members from various organizations.

Since 27 percent of preschoolers tested in Greenville County are not ready for first grade, the coalition decided to focus its first Child Watch tour on school readiness.

With a donation from NationsBank in hand, Marshall and Shain wrote a letter to the governor, inviting him to participate in Greenville's first Child Watch. Although the governor at first declined, the coalition "didn't take *no* for an answer," says Marshall. Two of the governor's major supporters phoned him to plead the Child Watch case, and "three days after we had a *no*, we had a *yes*," Marshall recalls.

So, early one February morning about eight weeks later, 94 local and state leaders, including Gov. David Beasley and his wife, Mary Wood Beasley; Tunky Riley, wife of U.S. Education Secretary Richard Riley; and Greenville Mayor Knox White gathered for their tour of local day care and early learning centers.

Touched by the children they saw, the Greenville Child Watch participants took immediate action, says Shain. One corporation head, after taking the Child Watch tour, donated 10 new computers to the city's recreation department. Another CEO wrote an op-ed piece for the local newspaper about his Child Watch experience and the need for family-friendly workplaces.

Greenville Child Watch participants and the coalition also began lobbying intensively for more full-day kindergarten slots across the state.

Partly as a result, state legislators this spring agreed to pump $21 million into state school districts for more full-day kindergarten programs. In Greenville, the number of available programs jumped from 19 to 44. "Almost every child who now needs full-day kindergarten can get it," says Marshall. "And what we did behind the scenes helped make it happen."

Both Marshall and Shain agree that Child Watch was so successful because the coalition worked extremely hard and did a good job of planning. "Sometimes in groups you have five or six people who do all the work," says Shain. "What told me we had a successful coalition was that *everyone* was there, doing the work."

> **"Child Watch is a community's effort at doing the right thing as early as possible."**
>
> *—Bill Ritter, District Attorney, Denver, Colo.*

Marshall advises that Child Watch coalitions should include members from both ends of the political spectrum—"to defuse politics"—and coalitions should give themselves at *least* six months to plan a Child Watch tour. It's also important, says Shain, that each coalition member relinquish exclusive ownership and be willing to work in a team. "We had some initial struggles," she says, "but the coalition held together well, and everyone lent their experiences and resources and made it work.

"Child Watch is one of the best things I've ever been part of," says Shain. "It's a wonderful feeling to be part of something magic that is really making a difference for children."

## Child Watch *in action*

**Community leaders on a Child Watch in Mountlake Terrace, Wash., received cloth tote bags to remind them to take action for children. Each participant was asked to make similar tote bags and enlist community groups to fill them with such items as school supplies for homeless children, toiletries and clothing for young people at a teen shelter, and stationery for children in detention. The filled totes then were distributed by child-serving agencies.**

# Creating new leadership for children

To bring the Child Watch experience into even more communities and create stronger leadership at the local level, CDF in May 1995 kicked off a new regional training initiative. With support from the Ewing Marion Kauffman Foundation, CDF invited 10 Child Watch implementers from across the country to attend a three-day workshop to learn how to train other local Child Watch coalitions.

"Regional trainers are invaluable, because they can talk about their own Child Watch experiences and give communities a realistic sense of what works and what doesn't work," says CDF Child Watch Director Sharon Ladin. "They also bring new ideas to the table and are another resource if coalitions have questions."

Julie Rehder, program manager for the North Carolina Child Advocacy Institute, trains coalitions in her state and other southern states. Her main goal, she says, is to help coalition members explore ideas for themes for the tour they are planning. Often, she says, it's simply a matter of getting coalition members to brainstorm together out loud, until they come to a consensus.

"Regional trainers also help coalitions tailor their tours to the communities' needs, teach coalition members the kinds of skills that will help them become better children's advocates, and provide ongoing assistance and support," says Ladin.

## Child Watch *in action*

Before state representatives and business leaders on a maternal and child health Child Watch in Daytona Beach, Fla., visited the Halifax Medical Center Neonatal Intensive Care Unit (NICU), they were each given a small diaper, sized to fit a healthy newborn baby. Then they received another diaper—the kind to fit a tiny "preemie"—this one just a third the size of the newborn diaper. The preemie diaper was attached to an index card with a message to each Child Watch participant: "During 1994, 2,859 of Florida's babies were born small enough to wear this diaper." The message was followed by a list of action steps participants could take to reduce the number of premature infants in the state.

Once they arrived at the NICU, participants each got to hold two weighted dolls. One doll weighed seven pounds, seven ounces, which is the average weight of a healthy newborn at Halifax. The other doll weighed just three pounds—the average size of a very-low-birthweight, premature infant in the Halifax NICU. Participants then toured the NICU and watched the Halifax staff help the tiny newborns struggle to survive.

## Child Watch *in action*

Large discount grocery stores often are far away from low-income neighborhoods and accessible only by car. This forces low-income families without cars to shop at smaller, higher-priced stores in their neighborhoods. Child Watch participants in Iosco County, Mich., practiced stretching a typical monthly food stamp budget by pricing groceries at stores in different locations.

## Get more Child Watch information

☐ **YES,** I want to learn more about how the Child Watch Visitation Program can help my local advocacy efforts. Please send me information about current activities in my area, or about how to start a local Child Watch if none exists.

Name _____

Organization _____

Address _____

City, State, Zip _____

Daytime phone _____

Fax _____

E-mail address _____

Mail this coupon in an envelope to: Colleen Montoya, Child Watch Division, 25 E St. NW, Washington DC 20001; call 202/662-3588; fax 202/662-3540; or e-mail cmontoya@childrensdefense.org



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# Standing For Children

## People of faith pray, speak out, and act for children

Early on a Sunday morning at the Unitarian Universalist Church in Urbana, Ill., about 400 people gathered to listen to young people talk about the state of America's children. A storyteller wove a Cherokee folk tale about how children make a difference in the world, and young people dramatized scenes from Jonathan Kozol's book, *Amazing Grace*. After the service, congregants mingled and picked up information about how to help children in the community, along with a list of questions to ask candidates running for elected office.

This moving service focusing on children in tiny Urbana—a town of 1,000, with many of the same problems that large cities face—was one of thousands of events held across the country October 18–20, to celebrate the fifth annual National Observance of Children's Sabbaths. Sponsored by CDF in cooperation with more than 175 denominations and religious organizations, the Children's Sabbaths are intended to inspire congregations to put their faith into action to improve the lives of children.

"As a spiritual group, we need to spend some part of our church year focusing on the needs of children," says Peggy Patten, a teacher who has coordinated the Children's Sabbaths at the Unitarian Universalist Church in Urbana for the past three years. "I see Children's Sabbaths as a symbolic strategy to raise consciousness and spur people to action for children."

Nationwide, about 40,000 religious congregations of many faiths participated in the Children's Sabbaths this year by holding special worship services, music festivals, educational workshops, walkathons, and parades. Some congregations held celebrations within their own church or synagogue, while others—like a group of congregations in Philadelphia—collaborated on community-wide interfaith services. Many congregations focused on the importance of turning faith into action by increasing interest and participation in the 1996 elections. The Department of Social Action and Public Policy of the United Synagogue of Conservative Judaism, for example, urged its member congregations to conduct voter education in religious schools, and to arrange for transportation to the polls for the elderly.

The Children's Sabbaths also are a launching pad for congregations that want to develop long-term efforts for children. After its 1994 Children's Sabbath celebration, Patten's church formed a committee, UUs for Kids, which makes dinner once a month for teen moms attending a local support group. Five new members have joined UUs for Kids since the 1996 Children's Sabbaths.

"The Children's Sabbaths bring our minds and hearts together around one issue," says Patten. "They are a reminder that every little piece we do for children makes a difference."

*The 1997 National Observance of Children's Sabbaths is scheduled for October 17–19 and will be centered around children's health. For more information, contact CDF's Religious Affairs Division, 202-662-3589.*

## Mobilizing for children

In recent weeks, thousands of children's advocates have joined forces in Michigan, New York, and California to share strategies for state action to protect children and families.

In mid-November, 29 of Michigan's child-serving organizations sponsored community forums in Detroit and Kalamazoo to discuss the "Peril and Potential for Children" under the new welfare law. With the likelihood that tens of thousands of Michigan children will be thrust into poverty because of the new federal law, organizers say the forum was designed to help people understand the urgent needs that drastic funding cuts in social service programs will cause in the state—and also the opportunity to help usher in positive change.

"Most people don't realize how changes in the welfare law will affect them," says Colette Scrimger, a planning and research associate with Michigan League for Human Services, a sponsoring organization. Scrimger says that Michigan's Coalition for Compassion will take responsibility for consolidating the many ideas into an action plan.

In an unprecedented statewide Stand For Children Summit in Sacramento, Calif., more than 600 child advocates met in October to explore ways to improve health care, education, economic security, and juvenile justice for children. The summit was sponsored by the Children's Advocacy Institute and Minorities in Law Enforcement.

Also in October, CDF's New York office and Columbia University co-sponsored a day-long conference that drew nearly 1,000 people, and that included a panel discussion on a state legislative agenda for children. Dr. James Comer delivered the keynote address in the morning and Mayor David Dinkins and CDF President Marian Wright Edelman gave luncheon addresses. Afternoon workshops focused on ways to advocate for children on the Internet, how to create a Children's Action Team, and practice in media and organizing skills.

Jonah Edelman, executive director of Stand For Children, says that Americans are realizing that their involvement is critical to improving children's lives. "People everywhere are beginning to understand that the well-being of children and their families rests on all of us," says Edelman. "It has always been true, but in the context of devolution, it is particularly the case that things will not improve unless each of us takes personal responsibility as individuals and as citizens to make a difference for children."

# Conference to focus on strengthening children's movement

Now is the time to register for CDF's next annual conference, set for March 12–15, 1997, in Washington, D.C., says **Leslie Warrick**, CDF senior meeting planner. The theme of the conference is Standing Strong & Together For Children: Leave No Child Behind.

"The conference will help people help children—whether they're advocates, service providers, educators, religious leaders, parents, grandparents, or others concerned about children's needs," says Warrick. The training tracks and workshops are designed to enable advocates who came to Stand For Children on June 1 to get re-acquainted with one another and gain new insights to strengthen the children's movement, says Warrick. It also will give people who were unable to attend Stand For Children in Washington, D.C., an opportunity to meet and join with others working for children in their communities.

Conference attendees have the option of participating in one of several training tracks—media relations, broadcast skills, state-level advocacy, new technology and advocacy, the new welfare law, conflict resolution, microenterprise development, and effective nonprofit leadership.

In addition to a wide range of pre-sessions and plenaries, there are more than 100 workshops to choose from, on topics ranging from parenting in the twenty-first century, to waging peace in our schools, to taking the fear out of using data, to how to run a Child Watch (see Special Report, page 5). To ensure that advocates are able to attend the workshops of their choice, attendees are urged to pre-register for all workshops.

*For more information or registration materials, contact Leslie Warrick, 202-662-3593, or visit CDF's home page, http://www.childrensdefense.org/conf97.*

More than 600 CDF friends and children's advocates attended CDF's 1996 benefit at the National Building Museum in Washington, D.C., on November 20. The event was generously underwritten by Time Warner Inc.

Co-chairs of the event, which raised about $300,000, were The Coca-Cola Company and The Gerber Companies Foundation.

Five exceptional young people from Washington, D.C., Maryland, and Virginia, who have overcome daunting obstacles to excel in school and in their communities, received Beat the Odds awards (see page 3).

Poet **Maya Angelou** served as Mistress of Ceremonies for the evening. Beat the Odds awards were presented by: Secretary of Housing and Urban Development **Henry Cisneros;** 1996 Olympic Silver Medalist **Jair Lynch;** Astronaut **Kathryn Sullivan;** *Parade* Publications Executive Vice President **Walter Anderson;** and Ohio State University student and 1995 Beat the Odds honoree **Tanisha Spears.**

Two-minute videos profiled each Beat the Odds winner. The winners received educational scholarships, summer jobs, clothing, and gift certificates.

WRC-4 television reporter **Susan Kidd** received a thank-you award for her longtime commitment to Beat the Odds, and for producing the student video profiles. **Fred Senn,** founding partner at Fallon McElligott, also received a special award honoring the Minneapolis advertising agency's 10 years of *pro bono* service to CDF.

Photos © Beverly Reznik

*CDF president Marian Wright Edelman and poet Maya Angelou honor five 1996 Beat the Odds recipients. From left to right, Yohannes Demoz, Dayst Blanco, Myia Alston, Angelou, Edelman, Michelle Lee Patterson, and Theodore Wesby III.*

*Two former Beat the Odds winners, Danielle McDaniels and Charles Preston, delivered a rap they wrote for the evening.*

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# Accomplishments through faith

The Rev. Dr. Samuel DeWitt Proctor grew up in a society that put limitations on the dreams of little Black boys. Major law firms, corporate boardrooms, state and federal governments, and universities all excluded Blacks, regardless of qualifications.

But this restrictive society didn't take into account Hattie Ann Virginia Fisher.

Hattie Ann, Proctor's paternal grandmother, a former slave and a proud woman of great intelligence and character, spent her days impressing upon her children and grandchildren the vital roles of faith and moral character. With those qualities, she said, you could be anything you wanted.

"My grandmother stressed the importance of good grammar and the way we looked and presented ourselves," says Proctor, who in July delivered the daily sermon at the CDF/BCCC Institute for Child Advocacy Ministry at the former Alex Haley farm in Tennessee, and has agreed to do the same in 1997. His Grandma Hattie Ann, he says, also "made us all feel that we needed some substance to back up the way we spoke and dressed. Her religious influence was even greater. She wanted us to understand that our striving was not in vain, that there was a God somewhere, and that we didn't have to seek our reward on Saturday night. After a while, these things become part of your spiritual capital, and you draw on it all your life."

## Enterprising youngster

Proctor began his working life at age 10, with a shoeshine box at the gate of the Norfolk Naval Base, and went on to become one of America's preeminent scholars, theologians, orators, and educators. He succeeded Adam Clayton Powell Jr. as minister of Abyssinian Baptist Church of Harlem, and became friend and advisor to many whose names ring throughout civil rights history, including Dr. Martin Luther King Jr., Medgar Evers, and Jesse Jackson. He served in the Kennedy, Johnson, and Carter administrations; he worked in the Peace Corps when it was changing the world and in the Office of Economic Opportunity when it was changing our country.

Proctor earned his doctorate of theology from Boston University, and became president of Virginia Union College, his alma mater, in 1955; Hattie Ann was still alive then, 100 years after her birth. By 1960, he had left Virginia Union to become president of North Carolina Agricultural and Technical University. During his more than 50 years as a minister, Proctor has been honored by universities, churches, and political leaders the world over.

## Role model to remember

Grandma Hattie Ann's lessons also influenced Proctor's five brothers and sisters. They all grew up in a strictly divided South during the Great Depression, riding segregated cars on trains, eating in segregated dining rooms, and using segregated bathrooms. Despite this racial partition, designed to diminish their sense of worth, they all maintained their quest for excellence. Every one of them earned a graduate degree. Proctor's sister became a teacher, and his four brothers include an Air Force bandmaster, a dentist, a postal clerk, and an ophthalmologist.

With his many accomplishments, what does Proctor hold as his greatest? "That is so difficult," says Proctor. "Some days I'm most grateful for the time I spent as president of North Carolina A&T; some days it's my 17 years as pastor of Abyssinian Baptist; and then there are times when I think it's the 20 years I've taught at Rutgers University, where I've recruited and graduated more than 104 African Americans with Ph.D.s."

Also among Proctor's accomplishments are six books. His most recent, *The Substance of Things Hoped For*, published by G.P. Putnam's Sons, was released last year.

## Reaching out to others

Proctor says that throughout his life, he has tried to preach and teach the importance of faith. Even the title of his new book, he says, is "a phrase we use all the time in the church"; he's referring to "Faith is the substance of things hoped for, the evidence of things not seen" *(Hebrews 11:1)*.

**Hattie Ann, a former slave and a proud woman of great intelligence and character, spent her days impressing upon her children and grandchildren the vital roles of faith and moral character.**

He also believes deeply in the importance of reaching out to others less fortunate. As our society struggles to find solutions to poverty and violence, Proctor says, "we must reach back and find ways to help others" who are "mired in poverty, alcoholism, violence, and immorality...or the whole American nation may sink. This is the new tenet of our faith."

*For information about the Institute for Child Advocacy Ministry, contact CDF's Religious Affairs Division, 202-662-3589.*

### Fewer guns, more community involvement keeping children safe

*(Continued from page 2)*

Our media-driven fear of children must be put into perspective. Our outrage at children's victimization should match our outrage at juvenile crime." Moreover, says Wade, "since we know what works, we should take action to stop youth violence and help young children grow up safe and stay out of trouble, by investing in Head Start and after-school programs and getting guns out of the hands of children, rather than building more prisons for juveniles."

## Boston a model of success

A large part of Boston's recent success at combating youth violence is due to the effective collaborations that have been forged among police, prosecutors, probation officers, corrections officials, school officials, judges, religious leaders, health professionals, parents, and young people. Federal prevention funds and cooperation from ATF (Bureau of Alcohol, Tobacco, and Firearms) officers also were critical.

Violence prevention efforts cross all sectors of Boston. Emergency room workers treating adolescents injured in intentional violence talk with the patients about conflict resolution skills and make referrals to community- and hospital-based agencies. Teams of street workers and community center staff teach job readiness, leadership, and life skills to at-risk youths 15 to 17 years old and then place the young people in part-time jobs during the summer. Boston has opened up many of its schools after hours for a wide range of services for young people, such as counseling, mentoring, and tutoring. Religious organizations—including the ecumenical 10 Point Coalition, which encourages members to "adopt young gang members," and "support neighborhood crime watches"—also have made a big difference, says the Rev. Eugene Rivers, president of the Azusa Christian Community.

It is these networks working together that are the key, says Deborah Prothrow-Stith, an assistant dean at the Harvard School of Public Health and chair of the violence prevention task force for the Black Community Crusade for Children (BCCC). "Just doing a small piece of the whole," says Prothrow-Stith, "means that you can coalesce and network with other small pieces to have a big impact."

The police, in particular, took a leadership role. A special task force of 45 full-time Boston police officers and 15 officers from outside agencies was created to work more closely with young people. "Police have a new mission," says the police department's Jordan: "to prevent young people and others from becoming victims of crime." Officers from the Youth Violence Strike Force (YVSF) team up with state probation officers and make nightly visits to the homes of young people who are on probation, to make sure they do not stray back into trouble.

YVSF also investigates youth crimes and makes arrests. It meets with gang members to help them understand that violence won't be tolerated in the community, and works to trace every gun found in a crime back to the dealer, to uncover middlemen who may purchase guns legally, but then sell them to young people or others illegally. The middlemen then can be prosecuted, breaking a critical link in this deadly chain between children and guns. YVSF also has created a comprehensive computer database to track gang leaders and other youths suspected of crimes, has used criminal and civil forfeiture laws to take over drug dens and renovate them as new homes, and is raising funds for after-school and summer youth programs.

"We are losing kids to violence one by one," says Jordan, "so we have to work with them one by one."

## What to do

Advocates who want to help reduce juvenile violence in their communities should push state and local leaders to use state and local monies and apply for federal prevention funds for such after-school and prevention activities as the Community Schools and Ounce of Prevention programs, says CDF Director of Government Affairs Eileen Sweeney, as well as the federal Local Law Enforcement Block Grant. Prevention programs, both for young children and for teenagers, give children early opportunities for academic success and family stability, and provide strong adult role models, positive peer interactions, and a safe haven during out-of-school hours. They also have been proven to be more cost-effective than more-punitive policies. States and localities, Sweeney says, should target their prevention funds first to communities with the worst crime and poverty rates.

Advocates also should urge their representatives in Congress to increase their commitment to provide funds to communities for prevention, says Sweeney. "The 1994 crime law has never been realized, because Congress has greatly underfunded the key prevention programs. The framework exists for Congress to move quickly to restore the promise of these programs." In addition, says Sweeney, advocates should urge members of Congress to resist bills alleged to solve youth crime or youth violence problems, if those bills do not include strong provisions for preventing children from committing crimes and for intervening with youth offenders before they commit more-serious crimes.

Advocates also should join the fight for common-sense gun regulations, such as banning junk guns—small handguns that are cheap to obtain, easy to conceal, poor quality, and deadly. These guns have been banned from importation since 1968, but domestic companies continue to produce them, churning out more than 650,000 in 1992. Local governments should be encouraged to step up the enforcement of gun laws, seizing illegal guns and shutting down illegal dealers. Building on Boston's success, the Massachusetts attorney general recently proposed regulating guns as consumer products—just as toasters and teddy bears are regulated to assure safety—and requiring trigger locks, serial numbers, and minimum quality standards. These consumer protections would reduce the traffic in all illegal guns and in junk guns, and would encourage adults to store legal guns safely away from children.

"To help young people stay out of trouble, we must work together to reweave the fabric of our society," says Sweeney, "and give back to children a sense of hope and security, and the ability to dream about and work towards a future that is attainable and real."

# 1997 resolutions for children

The beginning of a new year is a great time to reevaluate our progress in helping children in need, and determine what we could be doing better. *CDF Reports* asked five of the nation's moral leaders and two young people what they think America should resolve to do for children in 1997. Here are their answers:

*America has a special responsibility not to abandon poor children. The good faith of the new welfare reform law will be tested by whether we guarantee jobs and child care for those now required to work, and at high enough income levels to sustain family life. We cling to a flawed health care delivery system. May we not at least guarantee health care for all children?*

**—The Rev. J. Philip Wogaman, senior minister, Foundry United Methodist Church, Washington, D.C.**

*America should commit itself to giving every child the right to dream. The dream of a long, healthy life, a quality education, a good vocation, opportunity, and the ability to use one's self in a way one wants to be used, all are part of a child's right to dream.*

**—Bishop John Hurst Adams, senior bishop, African Methodist Episcopal Church, Columbia, S.C.**

*I wish every child could be respected and loved at home, in school, and in his or her community. I wish that every parent, teacher, and citizen could appreciate that each child is a treasure entrusted to us by God, a child whose possibilities God wants us to nourish.*

**—Sister Mary Paul Janchill, director of clinical services, Center for Family Life in Sunset Park, Brooklyn, N.Y.**

*Recognizing that each child is a thread in the broad and beautiful fabric of God's universe, I wish, for the coming year of 1997, that each adult in this world recognize our obligation to every child; that we stop turning a blind eye to injustices, discriminations, and threats to the well-being of our children; that we do not rest until every child has a home, food, and access to the basic needs of every human being; and that we dedicate our lives and our work to seeing all of God's children realize and achieve their highest potential.*

**—Rabbi Eric H. Yoffie, president, Union of American Hebrew Congregations, New York, N.Y.**

*We are wearing spiritual blinders that prevent us from seeing all children as our very own. If, by faith, we can strip these blinders from our eyes—if we can do this one essential thing—all else will follow. We will find a way to nourish poorly fed children, because we simply cannot stand to see them suffer. We will treat the refugee child as a son. We will race to close the gender gap in education, wanting the best for all our daughters. We will insist on good, accessible day care, because we would not dream of leaving our babies unattended. Only with the vision of faith will we see our way clear to these goals. And in the light of faith, no child will stumble or fall.*

**—The Rev. Joan Brown Campbell, general secretary, National Council of the Churches of Christ in the USA, New York, N.Y.**

*What we need most is help getting off the streets. We need help in achieving our goals. There must also be help for children who are in abusive homes, especially for those in homes where there is substance abuse.*

**—Michelle Lee Patterson, 17, Capital Heights, Md., 1996 Beat the Odds winner**

*I would like for our leaders to promise that anyone who wants to attend college will be given the opportunity, and they can count on financial aid.*

**—Myia Alston, 17, Washington, D.C., 1996 Beat the Odds winner**

## What needs to be done for children

*by Marian Wright Edelman, CDF President*

I hope that every American commits on January 1 to stand for children every day, all year, every year. To me this means:

- Doing the very best we can for the children in our own families, pledging to help at least one child outside of our own families, and being a good role model for all children.
- Standing for children again, publicly and together on June 1, 1997, in local communities and on the Internet, so our leaders and our children will know that we are a mighty movement committed to giving every child a Healthy Start, a Head Start, a Fair Start, a Safe Start, and a Moral Start in life.
- Working with community and business leaders, and federal, state, and local policy makers to ensure that every child has health care; that parents can find work and get the tools they need—including child and health care—to keep working; that a strong child support system bolsters parents' responsibility for their children; and that positive community after-school and summer activities are available to all children.

# One step for children

Make a New Year's resolution to Stand For Children throughout 1997.

(See page 15.)

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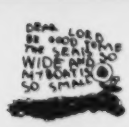
# Advocate's Tool Kit for 1997




Children's Defense Fund

**LEAVE NO CHILD BEHIND℠**


# CDF Reports

Marian Wright Edelman, President

**January 1997**
**Volume 18, Number 2**


# Ten million children need health coverage now; working families caught in squeeze

Susie Taylor, a 7-year-old from Springfield, Mass., developed a serious case of bronchitis and had to be hospitalized, because her parents couldn't afford to take her to a doctor before her cough worsened. Bobby and Cindy Fisher, of Plum City, Wisc., ages 3 and 5 respectively, no longer receive well-child visits, medication, or treatment for ear infections, because recently Wisconsin officials, after counting their parents' dairy-farming equipment as an asset, deemed this family, with a $12,000 annual income, too well-off to qualify for Medicaid. And Abby Milstein, a 14-year-old from Spring Creek, Fla., who was born with a nervous system disorder that causes an irregular heartbeat and poor control of body temperature, cannot get the treatment she needs for her chronic illness, because the employer that provided her family's insurance fired her father after Abby's disability drove up the company's insurance costs.

All of these children (whose names have been changed to protect their privacy) live in families in which at least one parent has a full-time job.

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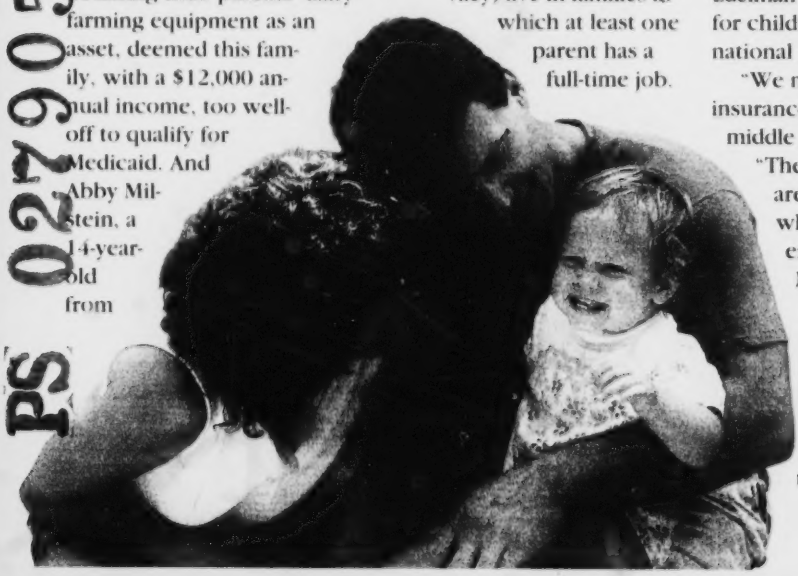

They are among the nearly 10 million uninsured U.S. children under age 18—one out of every seven—of whom nearly 90 percent live in families with working parents. Nearly two-thirds have parents who work full-time, year-round.

Warning that this growing health problem seriously threatens American children's ability to succeed in school and grow into productive, self-sufficient adults, CDF President Marian Wright Edelman says health insurance for children must be a top national priority in 1997.

"We must end the health insurance squeeze on the middle class," says Edelman. "The families suffering are working people who aren't poor enough to qualify for Medicaid but aren't affluent enough to pay the premiums for their children's insurance entirely out of their own pockets. It is unfair that parents working

*(See page 2)*

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**Health insurance squeeze**

*(Continued from page 1)*

hard and doing the best they can for their families can't afford health insurance for their children."

> **"We must end the health insurance squeeze on the middle class. It is unfair that parents working hard and doing the best they can for their families can't afford health insurance for their children."**

Edelman says that all parents should do their best—as most parents already do—to get health insurance for their children, but businesses also must step up to the plate and provide health insurance coverage for all employees and their dependents. She also urges states to follow the lead of Massachusetts, which in 1996 passed a law that will extend health insurance to 125,000 of the state's 160,000 uninsured children. Edelman says CDF and other child advocates also will press congressional leaders early this year to work in a bipartisan effort, as they did in 1996 on the Kennedy-Kassebaum bill, to help all families afford health insurance for their children.

"Many people don't understand that any one of us could learn tomorrow that our employer no longer will pay for family health insurance," she says. "Everyone has a stake in ensuring health coverage for the 10 million uninsured children in this country."

## Where did coverage go?

Since 1989, private employers have been dropping health insurance for their employees' dependents at a rapid pace. Private insurance coverage has been withdrawn from an average of 1.2 million additional children each year (almost 3,300 children each day, or one child every 26 seconds). If this trend continues, says CDF Health Director Stan Dorn, by the year 2000, two in five American children will lack private health insurance.

Many employers that *do* continue to provide health insurance for employees and their children have stopped paying the entire cost. In 1980, the majority of people working in medium- to large-sized companies had employers that paid the entire cost of health insurance, not just for them but for their children, as well. Today, more than three out of four workers in these companies must pay some or all of the cost of family health insurance. On average, workers must pay $1,600 a year for family coverage (in smaller companies that provide health insurance, family premiums paid by parents average $1,900 each year).

Dorn says that without the discounts offered to large employers, a family of four could pay more than $5,000 a year for health insurance.

"That is an extremely large expense, even for affluent families," says Dorn. "For working families struggling just to pay the rent, pay for transportation to work, and put food on the table, that is an impossibility." Parents with limited job skills and those living in areas where there are job shortages can't simply quit their jobs in hopes of finding new work that pays for health insurance, Dorn says.

> **"...any one of us could learn tomorrow that our employer no longer will pay for family health insurance. Everyone has a stake in ensuring health coverage for the 10 million uninsured children in this country."**

## Children need insurance

Children need health insurance, says Dorn. "While growing children are generally resilient, they can't bounce back from an unhealthy childhood," he says. "An unhealthy child who never develops properly is more likely to do poorly in school and may become an unhealthy adult."

Without health insurance, children don't get important preventive care. Many sick children don't see a doctor until health problems worsen into emergencies that endanger their health and are costlier to treat. For example, the National Medical Expenditure Survey (NMES) of 1987 said that the majority of uninsured children with asthma never see a doctor during the year and, says

*(See page 14)*

## Advocates: Share your stories

Children's advocates and others interested in getting children off to a healthy start in life are encouraged to gather anecdotes of children whose health is affected by lack of insurance. Please send your stories to: John Aravosis, CDF, 25 E Street NW, Washington, DC 20001; fax: 202-662-3540; or e-mail: cdfupdate@childrensdefense.org. Advocates also are urged to call their friends, neighbors, relatives, member organizations, and coalitions, and encourage them to spread the word about the need for children's health insurance.

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CDF Reports

*CDF Reports* (ISSN: 0276-6531) is published monthly by the Children's Defense Fund, 25 E Street NW, Washington, DC 20001, 202-628-8787. Year subscription rate: $29.95. For change of address, please include your old mailing label with your new address. Write to the managing editor for permission to reprint any part of this publication. The Charles H. Revson Foundation provides support for all CDF publications.

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# A Voice for Children

*by Marian Wright Edelman*

## A personal audit

Our children do what they see us adults doing in our personal, professional, and public lives. I urge every adult to take time early in 1997 to conduct a personal audit to determine whether we are contributing to the crisis our children face or to the solutions they urgently need. So many children are confused about what is right and wrong because so many adults talk right and do wrong in our personal, professional, and public lives:

• If we are not supporting a child we brought into the world as a father or as a mother with attention, time, love, discipline, money, and the teaching of values, then we are a part of the problem rather than the solution to the family breakdown today that is leaving so many children at risk.

• If we are abusing tobacco, alcohol, cocaine, or other drugs while telling our children not to, then we are a part of the problem rather than the solution in our overly addicted society.

• If we have guns in our home and rely on them to feel safe and powerful, and don't stand up to those who market guns to our children and to those who kill our children, or glamorize violence as fun, entertaining, or normal, then we are a part of the problem rather than the solution to the escalating war of American against American, family member against family member, that is tearing us apart.

• If we tell our daughters not to engage in premature and irresponsible sex, and not to have children before they are prepared to parent and support them, and do not tell our sons the same thing, then we are a part of the problem rather than the solution to teen pregnancy and out-of-wedlock births so many decry.

• If we send rather than take our children to Sunday school and worship services, and believe that the Sermon on the Mount, the Ten Commandments, the Koran, or whatever religious beliefs we hold, pertain only to one-day worship but not to Monday through Sunday home, professional, and political life, then we are a part of the problem rather than the solution to the spiritual famine plaguing America today.

• If we tell, snicker, or wink at racial, gender, religious, or ethnic jokes or engage in or acquiesce in any practices intended to diminish rather than enhance other human beings, then we are contributing to the proliferating voices of racial and ethnic division and intolerance staining our land again.

• If we think being American is about how much we can get rather than about how much we can give and share to help our children get a healthy, fair, and safe start in life, then we are a part of the problem rather than the solution.

• If we'd rather talk the talk than walk the walk to the voting booths, school board meetings, political forums, and congregation and community meetings to organize community and political support for our children, then we are a part of the problem rather than the solution.

• If we are not voting and holding political leaders accountable for investing relative pennies in Head Start and pounds in the defense budget, and for opposing welfare for poor mothers and children while protecting welfare for rich farmers and corporate executives, then we are a part of the problem rather than the solution to the growing gap between rich and poor.

• If we think we have ours and don't owe any time or money or effort to help those left behind, then we are a part of the problem rather than the solution to the fraying social fabric that threatens all Americans.

*Excerpted from* Guide My Feet: Prayers and Meditations on Loving and Working for Children, *by CDF President Marian Wright Edelman. Boston: Beacon Press, 1995.*



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# How to hold political leaders accountable

Now that the 1996 elections are over, it's important for children's advocates to ensure that elected officials—at the local, state, and national levels—are reminded of the promises they made and are held accountable for the decisions they make and the votes they cast on the health, education, and safety of America's children.

Children's advocates can hold political leaders accountable in a variety of ways, says Jay Hedlund, CDF Director of Government and Community Affairs. "Advocates can and should meet with policy makers right after they are elected, to inform them about the needs of children and families in the community, and remind them of their campaign promises."

Parents, service providers, educators, and others concerned about children, says Hedlund, all should be encouraged to write or call their newly elected representatives and ask them to help children. "Advocates should urge new legislators to focus on specific legislation that supports their campaign promises."

## Meeting effectively with policy makers

Local, state, and national policy makers need to hear from their constituents about the problems children in their districts face. If you haven't done so already, it's imperative to call, write, or visit with your representatives—whether they are newly elected or not—at the beginning of each legislative session, and then regularly during the session.

When making an appointment to meet with your representative, don't feel slighted if you are told instead to see the staff person who works on children's issues. He or she can be very influential.

The following tips will help you make sure your message is compelling and convincing:

1. **Remember the experts.** Parents, grandparents, service providers, educators, religious and business leaders, police officers, doctors and nurses, and others who witness children's needs on a daily basis are children's best advocates. They really are the experts when it comes to how bills and policies will affect children, and it's important that policy makers have a wide variety of people to call upon when they have questions about their work's impact on children. Children's advocacy groups often seek out these everyday experts to present the most compelling information during legislative visits.

2. **Be prepared.** Before meeting with a legislator (or executive branch official or journalist), practice what you are going to say. If you are going with other people to the meeting, get together beforehand to make sure that you all have the same purpose. Take along helpful information to back up your arguments: newspaper articles about the problems children face, statistics, or a fact sheet. (CDF can provide some of the information you need; call Tim Briceland-Betts at 202-662-3584.)

3. **Make your message concise.** You may think your meeting is for 30 minutes and then arrive to find the representative's schedule so tight that you get only five minutes. Know exactly what you want to say and be prepared to say it quickly, if circumstances demand that.

4. **Present solutions.** People often feel overwhelmed by problems they consider too massive and diverse for corrective action, so don't just talk about the problem: Share one or two concrete ideas for ways to improve the lives of children in your community. Tell your representatives what it will take to ensure that each child receives a Head Start, a Healthy Start, a Fair Start, and a Safe Start.

5. **Talk about what works.** Using success stories of real children and families who are being helped by Head Start, child care, job training, or health insurance will strengthen your argument and counter claims that all government programs are ineffective.

6. **Be honest.** It's fine to say you don't know the answer to a question, and to promise to provide information later, by phone, fax, or mail. This also gives you another opportunity to contact the office.

7. **Develop relationships.** The better your communication, the more seriously you will be taken, and the more willing the representative and his or her staff will be to rely upon you and your judgments. Send a thank-you note after the meeting. Send articles, write letters with further information, or offer assistance in thinking through solutions that could work in your community. Call periodically with updates. Invite the representative or the staff person who handles children's issues to speak before a community group in which you are involved, or to visit a child-serving program with which you work.

8. **Search for common ground.** Don't be exclusive or judgmental. Keeping in mind the wide range of viewpoints in Congress and in every community and state legislature, frame your messages carefully to include words and themes that will reach new audiences and persuade them to become new allies. Children's advocates care as much as anyone about efficiency, accountability, fiscal responsibility, and personal responsibility—use themes like these to frame your message.

9. **Watch your language.** Be sensitive to the language you use when talking with policy makers, so they'll understand what you're talking about. For example, instead of talking about children involved in the "child welfare" system, which may be confusing, talk about abused and neglected children. Rather than "quality" child care, "safe" child care may be a more persuasive message to some legislators.

**10. Understand the "big picture."** Advocates who specialize in child care issues, for example, need to know about other essential children's services, such as Medicaid and food stamps, and be able to explain how these services interact and how children in their care are affected by their loss.

**11. Build strong coalitions.** Two voices are louder than one. Find out who in your community is working for children and join forces.

## Voting records

Advocates also might want to publish policy makers' pre-election campaign promises in their newsletters and bulletins, after the election, says Hedlund, and distribute them to their member organizations and the media.

Another way to hold political leaders accountable is to prepare, publish, and disseminate nonpartisan legislative voting records, showing how all members of Congress or a state legislature have voted on child and family issues. "Voting records on a broad range of legislative issues help elected officials understand the impact of their voting priorities," says CDF General Counsel Jim Weill, "and they are a reminder to legislators that children's advocates are actively watching what they are thinking and doing on specific issues." (For CDF's annual nonpartisan congressional voting record, see February 1997 *CDF Reports*).

Publishing a voting record is definitely worth doing, says Roz McGee, executive director of Utah Children. Her group is part of a 30-member coalition of child-serving organizations, which has published a voting record for the past four years and is gearing up for its fifth. "We get a lot of press," says McGee. "After our report card comes out, the media often call up the legislators and ask, 'Why do you vote this way?'" Legislators, too, offer plenty of feedback, she says. "Legislators would prefer not to have their votes monitored," says McGee. "After our voting record comes out, we have days when both Republicans and Democrats are calling to complain about having their votes recorded, and we say, 'We must be doing something right.'"

However, it's important for 501(c)(3) nonprofit groups to be careful about *how* and *when* a voting record is published, cautions Weill, as the report must not have the design or effect of influencing an election. The voting record can be a lobbying tool, telling the press or public when a legislator needs to be thanked or pressured, but it cannot be an election tool, says Weill. A 501(c)(3)'s voting records must be published every year, early in the year (reflecting the prior year's votes), and meet other standards. It's a good idea, says Weill, for a nonprofit to consult with an attorney before undertaking a voting record (see also *An Advocate's Guide to Lobbying and Political Activity for Nonprofits: What You Can (and Can't) Do*, available for $5.95 from CDF Publications, 202-662-3652).

When a legislator *does* vote to help children, he or she should be thanked with a phone call or letter, says Hedlund. But legislators take other actions that affect children, and it's important for advocates to note these, too. Some legislators develop and sponsor good legislation and work tirelessly to enact it; other members regularly speak out for children in committees and on the floor. All members cast votes that have a significant impact on children, but many of those votes are cast behind closed doors and are not part of the public record, says Hedlund. "It's so important that advocates holding political leaders accountable recognize these actions, too, as helpful or hurtful to children. A little positive or negative reinforcement from advocates may spur a legislator to keep trying to push a children's agenda, or may change his or her mind about a bill, and that can only *help* children."

## Moments in America for children

| | |
|---|---|
| **Every 2 seconds** | a public school student is suspended. |
| **Every 8 seconds** | a public school student is corporally punished. |
| **Every 8 seconds** | a high school student drops out. |
| **Every 11 seconds** | a child is reported abused or neglected. |
| **Every 15 seconds** | a child is arrested. |
| **Every 24 seconds** | a baby is born to an unmarried mother. |
| **Every 34 seconds** | a baby is born into poverty. |
| **Every 48 seconds** | a baby is born without health insurance. |
| **Every 1 minute** | a baby is born to a teen mother. |
| **Every 2 minutes** | a baby is born at low birthweight (less than 5.5 pounds). |
| **Every 3 minutes** | a baby is born to a mother who received late or no prenatal care. |
| **Every 5 minutes** | a child is arrested for a violent crime. |
| **Every 10 minutes** | a baby is born at very low birthweight (less than 3.25 pounds). |
| **Every 17 minutes** | a baby dies. |
| **Every 2 hours** | a child is killed by firearms. |
| **Every 2 hours** | a child is a homicide victim. |
| **Every 4 hours** | a child commits suicide. |
| **Every 8 hours** | a person under 25 dies from HIV infection. |

# Key Facts About Children

## Child poverty

20.8 percent of all American children under 18 are poor.
16.2 percent of White children are poor.
41.9 percent of Black children are poor.
40.0 percent of Hispanic children are poor.
23.7 percent of children under 6 are poor.
50.3 percent of children in single-parent families are poor.

Of all poor children:
61.2 percent are White.
32.5 percent are Black.
67.0 percent live in a family with at least one worker.

## Families

71.6 percent of children live in two-parent families.
27.6 percent of children live in one-parent families.
3.6 percent of children don't live with either parent.

## Child care

7.7 million children under age 5 with working mothers are cared for by someone other than a parent.
Three out of five mothers with children younger than 6 are in the work force.
Only 36 percent of 3- and 4-year-olds eligible for Head Start's comprehensive services could be served in 1995.

## Infant mortality rates

8.0 babies died for every 1,000 live births in 1994. The infant mortality rate for Black babies (15.8) is decreasing but remains more than twice that for White babies (6.6).

## Low birthweight

7.3 percent of babies were born at low birthweight (weighing less than 5.5 pounds) in 1994.

## Prenatal care

In 1994, 4.4 percent of babies were born to mothers who received late or no prenatal care.

## Insurance

9.8 million children under 18 (13.8 percent) had no form of health insurance throughout 1995.
9 out of 10 uninsured children have parents who work, and six out of 10 have parents who work full-time during the entire year.

## Immunization

27 percent of 19- to 35-month-old children are not fully vaccinated against dangerous but preventable diseases.

## Gun violence

3,661 children were victims of firearm homicides in 1993.
1,986 children died in firearm suicides and accidents in 1993.

## Hunger

4 million children under 12 go hungry for some part of each month, according to the Food Research and Action Center.
13.9 million children received food stamps in Fiscal Year 1995. Children make up more than half of food stamp recipients.
13.2 million children received free or reduced-price school lunches in 1996. Only a portion of these children received subsidized school breakfasts, and even fewer received summer meals.
7.0 million infants, children, and pregnant women received WIC nutrition supplements in FY 1996.

## Education

14.5 percent of 20- to 24-year-olds in 1995 had not completed high school.
38 percent of fourth-graders in 1994 had below-average basic reading scores; 29 percent of fourth-graders had below-average basic math scores in 1992.
In 1995, only 26.0 percent of White 25- to 29-year-olds had completed four years of college; only 15.3 percent of Blacks and 8.9 percent of Hispanics in this age group had completed college.

## Teen parents

518,389 babies were born to teenage mothers in 1994—a rate of 58.9 births for every 1,000 15- to 19-year-old girls.

## Abuse and neglect

3.1 million children were reported abused or neglected in 1995; 996,000 cases were confirmed.
An estimated 1,215 children die from abuse and neglect each year.
468,000 children were in foster care as of June 30, 1994.

# What does America really think?

When talking about children's needs, it's helpful to bolster the message with surveys and opinion polls that reflect America's support for children. This summary of recent national surveys and opinion polls will help you as you work to make a difference in 1997.

## Health insurance

• When asked to pick the single most important health issue for the President and Congress to address, Americans surveyed by the Kaiser Family Foundation, Harvard University, and Princeton Survey Research Associates in July 1996 ranked "health care for children" second overall (behind "waste, fraud, and abuse in government health care programs"). Forty-eight percent of respondents said that the next step in health care reform should be furnishing health care for children, ahead of uninsured workers, low-income parents, and people who need long-term care. Among Republicans, even more—53 percent—said that children should be covered first.

## Violence prevention

• A May 1996 survey of 1,000 registered California voters showed that 80 percent of Democrats and 73 percent of Republicans favored prevention over building more prisons. Seventy-two percent of those surveyed believed there was *no* age beyond which it is too late to help a child who has gotten involved in crime. And a majority of respondents were willing to invest in such prevention programs as mentoring, "beacon" or second-shift schools, and conflict resolution.

• Sixty-one percent of Americans feel that the laws covering the sale of firearms should be made stricter than they are now, according to an October 1996 Gallup poll. Twenty-six percent want firearms laws to be kept as they are now.

• An October 1996 poll of 500 New York parents, conducted for the National Parenting Association, found that 81 percent of parents feel that laws to keep guns away from children would help ease the problems they face in raising their families.

• Focus group and polling data prepared by Republican consultant John Deardourff and Democratic pollster Celinda Lake in September and October 1996 show that 63 percent of young voters ages 18 to 24 would favor a candidate who supports restricting the sale of handguns.

• In a *Weekly Reader* survey in November 1996, asking children to tell the President what his goals should be, nearly 34 percent of the more than 93,000 participating schoolchildren said that stopping violence in their neighborhoods and homes should be President Clinton's top priority.

## Television ratings

• Eighty percent of parents (four out of five) want a television ratings system that tells them the content of a program, not just what age group should view it, according to a survey by the National PTA, the Institute for Mental Health Initiatives, and researchers at the University of Wisconsin–Madison. And 80 percent of the 679 parents, who were randomly selected from every state in the country for the September/October 1996 survey, want each show to get three separate ratings—for sex, violence, and language content—not the single, summary rating that the television industry voluntarily adopted in December.

Photo © Human Issues Collaborative

## An American child's chances of being poor

| | |
|---|---|
| If White | 16.2 percent |
| If Black | 41.9 percent |
| If Hispanic | 40.0 percent |
| If Native American | 38.8 percent* |
| If Asian American | 19.5 percent |
| If younger than 6 | 23.7 percent |
| If head of family is female | 50.3 percent |
| If head of family is younger than 25 | 51.8 percent** |

* 1989 data from the 1990 Census
** Calculation by Children's Defense Fund
Source: U.S. Census Bureau, 1995

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# 10 things *you* can do to stand for children in 1997

**1** **Commit to stand for children every day.** Help make sure that every child gets a Healthy Start, a Head Start, a Fair Start, a Safe Start, and a Moral Start in life. The most important thing in every child's life is a caring adult—do your part. You can mentor or tutor, donate time, goods, or money to a homeless shelter, food bank, or recreation center. Children need *your* help today, tomorrow, and every day.

**2** **Join forces with others.** Find a nearby Children's Action Team (call the Stand For Children national office at 800-663-4032) or a child advocacy group nearby that you can join or support.

**3** **Work to make sure that every child has access to health care.** Urge state and federal legislators to make health insurance available to all children. Encourage local health officials to open clinics during non-work hours, if they haven't done so already. And remind businesses to meet their community



**6** **Involve your congregation.** Persuade your religious leaders to make local children's needs a mission for action. Be sure your congregation participates in the National Observance of Children's Sabbaths, during the third weekend in October (call 202-662-3589 for information).

**7** **Join or organize a Child Watch coalition,** to take community leaders on field trips where they will see firsthand the needs of children in their own communities, as well as local responses that really work (see December 1996 *CDF Reports*).

**8** **Attend CDF's annual national conference** to build your skills, your network, and your knowledge, so that you can work even better for children. The 1997 conference will be March 12–15 in Washington, D.C. (call 202-662-3593 for information).

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**"Everyone can be great. Because anybody can serve."**
—Dr. Martin Luther King Jr.

**"How lovely to think that no one need wait a moment: We can start now, start slowly changing the world!"**
—Anne Frank

**"Never doubt that a small group of thoughtful, committed citizens can change the world: Indeed, it's the only thing that ever has."**
—Margaret Mead



**"You know, people tells you, don't talk politics, but the air you breathe is polluted air, it's polluted air. The air you breathe is politics. So you have to be involved. You have to be involved in trying to elect people that's going to help do something about the liberations of all people."**

responsibility by providing health insurance coverage for employees and their children.

**4 Urge your state leaders to use the welfare law to help, not hurt, children—and monitor the effects.** States can choose to continue the safety net for poor families and legal immigrants, and make sure child care and health care are available to enable parents to work. Get involved! And document what happens to families leaving welfare under the new law, so policy makers can see the effects of their actions and make changes where needed (see October 1996 *CDF Reports*).

**5 Audit your neighborhood for safety, and create safe havens for children.** Get your neighbors together to map out threats to local children (including abandoned buildings and corners where dealers sell drugs) and neighborhood assets (such as libraries and playgrounds). Make an action plan for lessening the threats and building on the assets. Encourage schools, recreation centers, houses of worship, and other assets to keep their doors open during hours when children need safe places to play and study.

**9 Celebrate Stand For Children 1997.** On June 1, thousands of communities around the country will hold local Stand For Children events. Start planning *now!* Show our local, state, and national leaders that people who care about children are a mighty force!

**10 Pray for children**—the neglected and the spoiled, the damaged and the overindulged, the able-bodied and the broken. Every child needs and deserves our prayers.

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—Fannie Lou Hamer

**"The most important job parents have is to love our children. But love alone can't keep our children safe, or healthy, or well cared for. They need all of us, working individually and collectively, to stand for children. They need us to make sure every neighborhood, every city, every state, and the nation as a whole values, nurtures, and protects children."**

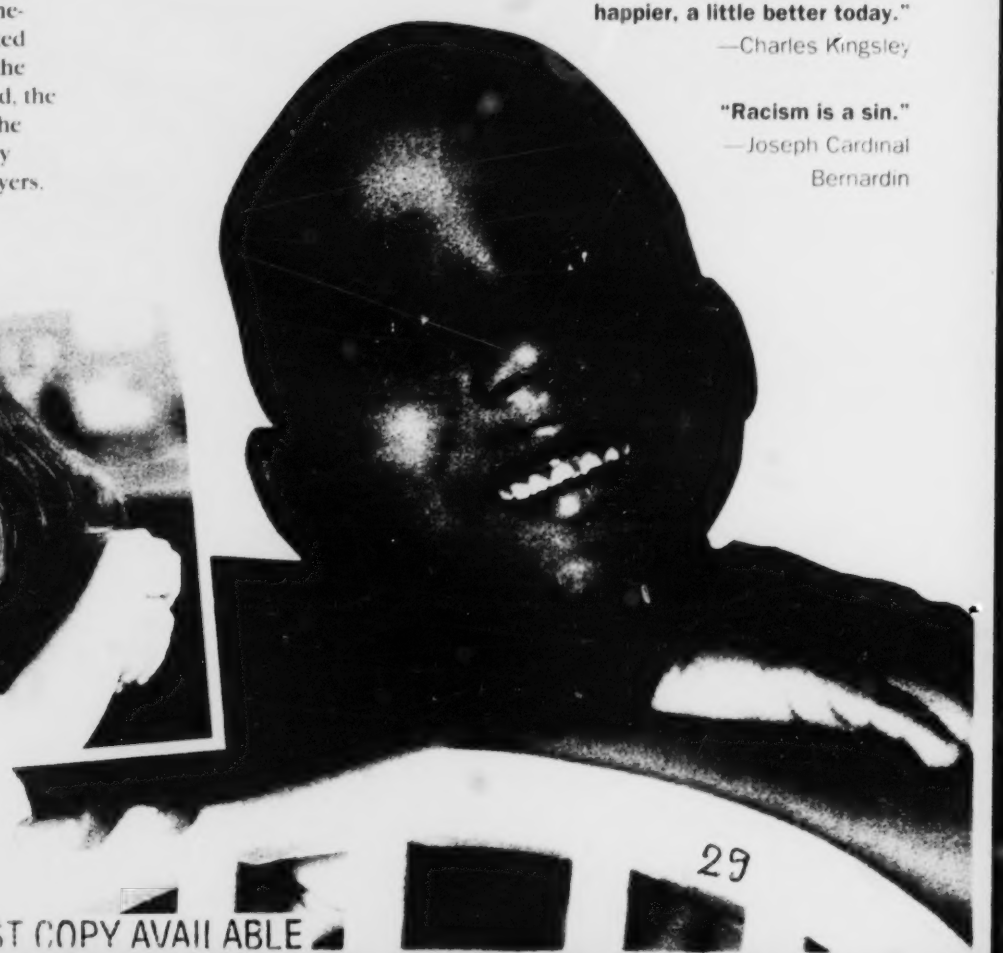
—Marian Wright Edelman

**"Never, if possible, lie down at night without being able to say: I have made one human being, at least, a little wiser, a little happier, a little better today."**

—Charles Kingsley

**"Racism is a sin."**

—Joseph Cardinal Bernardin





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## Most recent data on child population, child poverty, food stamps, child support collection, health insurance coverage, immunization, abuse and neglect, teen births, and firearm deaths

| | Estimated Child Population (Under age 18) | | Child Poverty | | Estimated Number of Children Receiving Food Stamps* | Percent of Child Support Enforcement Cases with Collection |
|---|---|---|---|---|---|---|
| | Number (1994) | Percent of State Population (1994) | Number Poor (1989) | Percent Poor (1989) | (FY 1995) | (FY 1994) |
| Alabama | 1,079,717 | 25.6% | 253,636 | 24.2% | 281,000 | 22.2% |
| Alaska | 191,325 | 31.6 | 19,284 | 11.4 | 24,000 | 17.4 |
| Arizona | 1,138,831 | 27.9 | 212,001 | 22.0 | 284,000 | 5.6 |
| Arkansas | 640,397 | 26.1 | 155,399 | 25.3 | 133,000 | 24.1 |
| California | 8,677,370 | 27.6 | 1,380,275 | 18.2 | 2,035,000 | 12.9 |
| Colorado | 970,049 | 26.5 | 129,565 | 15.3 | 126,000 | 14.3 |
| Connecticut | 788,120 | 24.1 | 79,020 | 10.7 | 128,000 | 15.7 |
| Delaware | 174,800 | 24.7 | 19,256 | 12.0 | 28,000 | 27.4 |
| District of Columbia | 118,489 | 20.8 | 28,610 | 25.5 | 52,000 | 10.8 |
| Florida | 3,262,759 | 23.4 | 525,446 | 18.7 | 720,000 | 15.4 |
| Georgia | 1,892,250 | 26.8 | 343,068 | 20.1 | 421,000 | 17.4 |
| Hawaii | 304,114 | 25.8 | 31,944 | 11.6 | 61,000 | 29.3 |
| Idaho | 339,303 | 29.9 | 49,159 | 16.2 | 41,000 | 32.0 |
| Illinois | 3,083,294 | 26.2 | 495,505 | 17.0 | 581,000 | 10.1 |
| Indiana | 1,473,407 | 25.6 | 203,791 | 14.2 | 219,000 | 8.6 |
| Iowa | 728,983 | 25.8 | 101,661 | 14.3 | 93,000 | 21.3 |
| Kansas | 690,905 | 27.1 | 93,066 | 14.3 | 99,000 | 31.5 |
| Kentucky | 969,540 | 25.3 | 234,012 | 24.8 | 224,000 | 16.3 |
| Louisiana | 1,235,162 | 28.6 | 380,942 | 31.4 | 384,000 | 13.8 |
| Maine | 305,687 | 24.6 | 41,897 | 13.8 | 53,000 | 32.7 |
| Maryland | 1,262,932 | 25.2 | 128,523 | 11.3 | 206,000 | 23.5 |
| Massachusetts | 1,423,765 | 23.6 | 176,221 | 13.2 | 232,000 | 25.4 |
| Michigan | 2,524,796 | 26.6 | 450,426 | 18.6 | 490,000 | 15.7 |
| Minnesota | 1,240,342 | 27.2 | 146,386 | 12.7 | 163,000 | 38.5 |
| Mississippi | 756,027 | 28.3 | 248,705 | 33.6 | 250,000 | 11.7 |
| Missouri | 1,379,124 | 26.1 | 230,058 | 17.7 | 292,000 | 18.6 |
| Montana | 237,448 | 27.7 | 44,706 | 20.5 | 35,000 | 18.9 |
| Nebraska | 441,624 | 27.2 | 58,474 | 13.8 | 54,000 | 20.3 |
| Nevada | 375,748 | 25.8 | 38,232 | 13.3 | 56,000 | 19.4 |
| New Hampshire | 291,581 | 25.6 | 20,440 | 7.4 | 28,000 | 34.3 |
| New Jersey | 1,930,491 | 24.4 | 200,726 | 11.3 | 284,000 | 22.6 |
| New Mexico | 497,296 | 30.1 | 122,260 | 27.8 | 126,000 | 14.8 |
| New York | 4,511,091 | 24.8 | 799,531 | 19.1 | 950,000 | 15.3 |
| North Carolina | 1,755,959 | 24.8 | 272,923 | 17.2 | 301,000 | 20.2 |
| North Dakota | 171,560 | 26.9 | 29,732 | 17.1 | 19,000 | 22.6 |
| Ohio | 2,854,212 | 25.7 | 493,206 | 17.8 | 575,000 | 24.9 |
| Oklahoma | 879,918 | 27.0 | 179,283 | 21.7 | 186,000 | 16.7 |
| Oregon | 782,456 | 25.4 | 111,629 | 15.8 | 140,000 | 18.7 |
| Pennsylvania | 2,897,557 | 24.0 | 432,227 | 15.7 | 536,000 | 28.8 |
| Rhode Island | 239,818 | 24.1 | 30,842 | 13.8 | 50,000 | 10.2 |
| South Carolina | 952,276 | 26.0 | 190,873 | 21.0 | 199,000 | 25.1 |
| South Dakota | 208,400 | 28.9 | 39,896 | 20.4 | 28,000 | 28.8 |
| Tennessee | 1,296,340 | 25.0 | 251,529 | 21.0 | 315,000 | 10.1 |
| Texas | 5,301,421 | 28.8 | 1,159,710 | 24.3 | 1,406,000 | 16.6 |
| Utah | 671,946 | 35.2 | 78,041 | 12.5 | 65,000 | 19.7 |
| Vermont | 145,562 | 25.1 | 17,020 | 12.0 | 29,000 | 31.3 |
| Virginia | 1,602,992 | 24.5 | 197,382 | 13.3 | 277,000 | 19.1 |
| Washington | 1,407,649 | 26.3 | 179,272 | 14.5 | 249,000 | 35.9 |
| West Virginia | 429,418 | 23.6 | 115,073 | 26.2 | 123,000 | 27.0 |
| Wisconsin | 1,346,444 | 26.5 | 188,863 | 14.9 | 186,000 | 36.9 |
| Wyoming | 137,417 | 28.9 | 19,190 | 14.4 | 19,000 | 13.9 |
| **United States** | **68,018,112** | **26.1** | **11,428,916** | **18.3** | **13,859,000** | **18.2** |

* Numbers rounded to the nearest 1,000; state estimates may not add to national estimate because of rounding.

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| | Children Without Health Insurance (Estimated)* | | Estimated Percent of Young Children Fully Immunized† | Reported Cases of Child Abuse and Neglect‡ | Number of Births to Teens§ | Number of Firearm Deaths Among Children and Teens§ |
|---|---|---|---|---|---|---|
| | Number (1993–1995) | Percent (1993–1995) | (1994–1995) | (1994) | (1994) | (1994) |
| Alabama | 171,900 | 16.0% | 76% | 40,164 | 11,338 | 135 |
| Alaska | 17,830 | 9.4 | 68 | 10,071 | 1,229 | 22 |
| Arizona | 231,593 | 20.2 | 71 | 48,722 | 10,835 | 127 |
| Arkansas | 121,888 | 19.0 | 68 | 18,429 | 6,974 | 69 |
| California | 1,587,464 | 18.3 | 69 | 449,177 | 70,021 | 904 |
| Colorado | 115,216 | 12.0 | 70 | 43,919 | 6,653 | 65 |
| Connecticut | 77,309 | 9.8 | 84 | 37,043 | 3,874 | 47 |
| Delaware | 21,030 | 11.9 | 77 | 9,441 | 1,377 | 5 |
| District of Columbia | 18,654 | 16.2 | 62 | 13,369 | 1,632 | 100 |
| Florida | 563,866 | 17.1 | 78 | 164,945 | 26,185 | 237 |
| Georgia | 292,090 | 15.5 | 74 | 89,958 | 17,935 | 165 |
| Hawaii | 24,288 | 8.0 | 78 | 5,944 | 2,058 | 3 |
| Idaho | 46,096 | 13.6 | 67 | 34,313 | 2,289 | 21 |
| Illinois | 307,339 | 9.9 | 72 | 140,651 | 24,674 | 363 |
| Indiana | 161,420 | 10.9 | 71 | 62,553 | 11,963 | 95 |
| Iowa | 76,284 | 10.5 | 81 | 31,240 | 4,047 | 26 |
| Kansas | 72,174 | 10.5 | 75 | 33,928 | 4,807 | 61 |
| Kentucky | 126,463 | 13.0 | 83 | 59,540 | 9,121 | 56 |
| Louisiana | 245,939 | 19.9 | 70 | 44,901 | 13,041 | 232 |
| Maine | 37,020 | 12.1 | 82 | 8,902 | 1,475 | 10 |
| Maryland | 146,606 | 11.6 | 74 | 40,934 | 7,596 | 110 |
| Massachusetts | 127,998 | 9.0 | 83 | 56,178 | 6,570 | 44 |
| Michigan | 207,867 | 8.3 | 61 | 136,989 | 17,460 | 235 |
| Minnesota | 82,470 | 6.7 | 78 | 26,483 | 5,438 | 39 |
| Mississippi | 133,944 | 17.7 | 81 | 27,123 | 9,267 | 106 |
| Missouri | 152,993 | 11.2 | 70 | 86,007 | 10,809 | 177 |
| Montana | 26,645 | 11.4 | 68 | 13,528 | 1,338 | 30 |
| Nebraska | 39,886 | 9.1 | 71 | 17,508 | 2,556 | 17 |
| Nevada | 70,717 | 18.7 | 64 | 21,060 | 3,189 | 33 |
| New Hampshire | 28,967 | 9.9 | 85 | 9,666 | 1,061 | 8 |
| New Jersey | 221,231 | 11.4 | 73 | 65,954 | 9,629 | 60 |
| New Mexico | 121,443 | 24.7 | 71 | 24,933 | 4,965 | 40 |
| New York | 557,155 | 12.4 | 77 | 210,997 | 26,311 | 344 |
| North Carolina | 228,986 | 13.0 | 79 | 95,144 | 15,673 | 161 |
| North Dakota | 14,826 | 8.7 | 81 | 7,753 | 803 | 7 |
| Ohio | 267,221 | 9.4 | 75 | 156,635 | 21,303 | 175 |
| Oklahoma | 196,801 | 22.6 | 69 | 34,846 | 7,822 | 82 |
| Oregon | 92,407 | 11.8 | 68 | 41,769 | 5,357 | 45 |
| Pennsylvania | 289,422 | 10.0 | 77 | 23,722 | 16,914 | 174 |
| Rhode Island | 25,743 | 10.9 | 82 | 14,303 | 1,427 | 10 |
| South Carolina | 137,652 | 14.6 | 80 | 40,461 | 8,854 | 89 |
| South Dakota | 19,481 | 9.4 | 78 | 10,156 | 1,203 | 17 |
| Tennessee | 152,916 | 11.8 | 72 | 34,714 | 12,707 | 114 |
| Texas | 1,203,481 | 22.7 | 69 | 173,644 | 52,861 | 515 |
| Utah | 65,627 | 9.8 | 69 | 29,112 | 4,091 | 37 |
| Vermont | 10,987 | 7.5 | 87 | 3,025 | 628 | 8 |
| Virginia | 185,006 | 11.6 | 78 | 56,331 | 10,719 | 122 |
| Washington | 130,571 | 9.3 | 73 | 57,100 | 8,618 | 82 |
| West Virginia | 53,469 | 12.5 | 67 | 19,544 | 3,721 | 31 |
| Wisconsin | 91,571 | 6.8 | 75 | 47,561 | 7,037 | 82 |
| Wyoming | 19,280 | 14.1 | 77 | 5,080 | 934 | 14 |
| **United States** | **9,795,000** | **13.8** | **73** | **2,935,470** | **518,389** | **5,751** |

* Children under 18 years of age who have no form of health insurance throughout the year. The United States figure is for 1995; the state figures are averages for 1993, 1994, and 1995. The sum of the state numbers will not add to the national total because of this averaging.

† Children ages 19–35 months during the period July 1994 – June 1995; full immunization is defined as four doses of DPT, three doses of poliovirus vaccine, one dose of MMR, and three doses of Hib.

‡ State-to-state comparisons should not be made, because of differences in definitions of *child*, differences in data collection periods, and differences in how duplicate reports are handled.

§ Persons under age 20.

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## Necessary

*News from the Black Community Crusade for Children*

# One person can make a difference

Nobody understands better than Kent Amos the miracles adults can work in the lives of young people who have been marked by society for failure.

For the past 15 years, Amos, a member of the Black Community Crusade for Children Working Committee, and his wife, Carmen, have been opening their hearts and their Washington, D.C., home to scores of children. It began in 1981 when Amos, a corporate executive, invited three of his son's friends into his home for dinner, conversation, and a study session. Before long, he and Carmen had 25 young people eating, studying, and sharing stories in their home every night.

**"The easiest thing to do is to reach out to a child, because they reach back. You may be in a gang-infested community and forced to go through all the evil stuff that goes with that. But if you make it clear to a child that you care for him and are available to him, he'll come to you."**

Amos kept an eye on their class work, went to their ball games at school, and put his arms around them when they needed a friend. Even when they got into trouble with the law, Amos stood by them before the judge. In one case, he talked a judge into probation instead of jail. And even after the young man violated his probation and went to jail—the same jail where his father and stepfather were incarcerated—Amos visited him and encouraged him to get his GED.

"There are too many of our children dying needlessly," says Amos, who has lost three of his "adopted" sons to violence; one was stabbed to death in a dispute over a basketball game and two others were shot. "I committed to my sons that their deaths would not be in vain."

*Kent Amos*

### Kids Houses

By 1991, Amos' extended family had grown to nearly 100 young people; virtually all of them have graduated from high school, dozens have graduated from college, and most are now responsible adults. That year, he took his efforts to an even higher level, establishing the nonprofit Urban Family Institute (UFI), which provides safe, nurturing environments for children. UFI is financed by private donations and public funds. Amos has also spent his own money to keep the project running. At two locations in Washington, D.C., and at 13 sites in Oakland, Calif., UFI has opened Kids Houses, based on the idea that Amos started in his home.

After school each day, about 65 children, ages 4 to 16, pour into the basement of a building in the Park Morton housing development in Washington, D.C., which houses UFI's largest Kids House. In one room, a staff of volunteers helps children finish their homework. Story time is being conducted in another room. In yet another room, children are coloring, working with colored paper, and playing educational games.

"I love it here, because I get help with my homework," says 9-year-old Shanece Colvin.

Demetria Pelote, also 9, says that Kids House makes her feel that she can be whatever she wants to be. "I like it here because I get to draw," she says. "People say I don't know how to draw that well, but I'm gonna show them, because someday I'm going to be an artist!"

The children at Kids House also can count on a healthy meal each night. "My favorites are lasagna, spaghetti, ribs, corn, chicken, and mashed potatoes," Demetria says.

"The easiest thing to do is to reach out to a child, because they reach back," says Amos. "You may be in a gang-infested community and forced to go through all the evil stuff that goes with that. But if you make it clear to a child that you care for him and are available to him, he'll come to you. Kids don't want what's going on out there. I haven't found one yet who won't change if you present yourself to him in a positive way. If you come at them with a speech or a lecture, then you've got a different problem. But if you really commit to them, they commit back to you."

The children are not the only ones who benefit from Kids House. Aside from the joy of working with children, virtually every volunteer has advanced his or her education since joining the Kids House staff.

### Keeping children safe

Across the street from the Park Morton Kids House, D.C. Housing Police Officer Mike Padin is surrounded by a swarm of excited children. He's handing out basketball trading cards and promising to have a new batch next week. "Places like Kids House are important, because most of the kids here don't have any place to go," says Padin, who has been patrolling the area for the past three months. "In housing projects all over the city, children are at risk of getting shot by the neighborhood thugs or being involved in the different crews [gangs]. All of us—police officers as well as civilians—have a responsibility to these children, because we are the last line of defense between them and the streets."

*For more information, call Kent Amos, Urban Family Institute, 1400 16th Street NW, Suite 101, Washington, D.C., 20036; 202-234-5437.*

# Glossary: Child Health

**Here are some terms you may need to know as you work to get all children health insurance:**

**Appropriation.** The amount of money Congress provides for a specific purpose.

**Block grants.** Federal grants to states, issued on a formula basis with fewer federal rules or protections for program beneficiaries than under most federal programs, particularly entitlements. A block grant gives the states wide flexibility in determining how to deliver the services outlined in the grant.

**Community and Migrant Health Centers.** Comprehensive clinics that deliver services to people in medically underserved areas.

**Cost-sharing.** Payments insured families must make themselves when seeking health care. This includes **deductibles** (the amount a family pays in health costs before an insurer will cover health care); **co-insurance** (when a family must pay a certain percentage of doctor, hospital or other provider costs); and **co-payments** (when families must pay a certain amount at each doctor or other provider visit).

**Early and Periodic Screening, Diagnosis, and Treatment (EPSDT).** The health screening and treatment part of Medicaid for all eligible children up to age 21. Under EPSDT, each state must screen children regularly and provide all necessary medical treatment for any problem discovered during the screening.

**Entitlement.** A guarantee that eligible individuals will receive specified goods and services, such as health care.

**Family coverage.** Insurance that covers parents and their children—the most common way of providing health insurance to children.

**Managed care.** An arrangement through which selected providers are either the primary or exclusive source of health care services to plan members. One type of managed care plan is a **health maintenance organization (HMO)**, which uses a specific set of health care providers to provide services to an enrolled population of patients for a fixed periodic payment. Another is a **preferred provider organization (PPO)**, in which the insurer pays for medical services patients get from a limited list of "preferred providers." Patients can seek care from providers who aren't on the list, but must pay much larger co-payments and deductibles. Such arrangements are rapidly becoming the most commonly used managed care option among the privately insured.

**Maternal and Child Health Block Grant.** A federal program that helps provide more than 17 million low-income women and children with such services as prenatal care, newborn screening, and care for children with special health care needs.

**Medicaid.** Health insurance for low-income children, their parents or other caretaker relatives, pregnant women, and elderly and disabled persons. Medicaid currently provides health care insurance for more than 18 million poor and near-poor children—more than half of them from working families. Medicaid covers one in four American children, nearly one in two Black children, and a large proportion of children with disabilities. Although more than half of Medicaid beneficiaries are children, less than 25 percent of total Medicaid spending is for children.

**Premiums.** Periodic (for example, monthly) payments to insurers, required for health insurance and other kinds of insurance coverage.

**Preventive care.** A range of regular and routine health services designed to keep people healthy, including (for children) well-baby and well-child visits, immunizations, health screenings, laboratory tests, and preventive dental care.

**Primary care case management (PCCM).** A form of managed care for Medicaid enrollees, under which a specific provider is responsible for coordinating the medical care of an enrollee, and generally must approve (or reject) any referrals to consulting physicians, hospitals, or special services.

**Provider networks.** Organizations of providers (physicians and hospitals) that furnish care to families enrolled in managed care plans.

**Special Supplemental Food Program for Women, Infants, and Children (WIC).** A federal program that provides food supplements and health care to pregnant women, breastfeeding mothers, infants, and young children. WIC participants must have incomes at or below 185 percent of the poverty level and must be nutritionally at risk.

**Tax credit.** A specified amount families are allowed to subtract from the income taxes they otherwise would owe. **Refundable tax credits** are tax credits that also provide such an amount to families that otherwise owe no tax, as a payment or refund. The Earned Income Tax Credit (EITC), which helps low- and moderate-income working families, is one important example.

**Vaccines for Children (VFC) program.** A federal program that provides vaccines for uninsured, Medicaid-covered, and Native American children. VFC sends free vaccine to participating doctors and clinics who serve these children (often letting children be vaccinated by the same provider who furnishes the rest of their health care) and to certain clinics serving children whose health insurance does not cover vaccinations. Some similar but broader state-level programs also serve these "underinsured" children.

**Vouchers.** Certificates or coupons that serve as full or partial payment for health insurance premiums.

### Health insurance squeeze

*(Continued from page 2)*

Dorn, many of these children wind up in the hospital. The NMES says that one-third of uninsured children with recurring ear infections never see a doctor and, Dorn says, many develop permanent hearing loss before they start school.

Frequent illnesses also cause children to miss more school and may do lasting damage to their education. Children with poor eyesight or Attention Deficit Disorder (ADD) may not be diagnosed as needing glasses or medication, and will not perform well in school or in other childhood activities.

Some people argue that children who lack health insurance still have access to health care through free clinics and emergency rooms. That may not be enough. "Just because your child goes to a clinic or to the emergency room doesn't mean he or she is getting care that will help keep problems from recurring," says Gregg Haifley, senior CDF health associate and chair of the Maternal and Child Health Coalition, which is composed of national advocacy organizations. For example, a child who goes to the hospital for an asthma attack is given medication that temporarily relieves the difficulty of breathing. However, the child often doesn't receive preventive medication and treatment to avert future attacks.

**"An unhealthy child who never develops properly is more likely to do poorly in school and may become an unhealthy adult."**

Many communities have no health clinic, says Haifley, especially small cities and rural communities. While health clinics are doing the best they can, given limited resources, they often are overwhelmed by the needs of uninsured children, and the wait for services can be long, forcing parents to take extra time off work for clinic visits—a factor that can discourage parents from taking their children in when illnesses first arise.

### Many solutions possible

There *are* viable solutions to the problem of children lacking health insurance, says Dorn. One is providing families with vouchers they could use to buy private coverage through an employer or a statewide insurance pool; another is raising the eligibility level for Medicaid (public health insurance for poor and low-income children; see also Glossary of health terms, page 13) to cover more uninsured children in moderate-income working families.

Parents have primary responsibility for the health and well-being of their children, says Dorn, but employers and, when necessary, the government have responsibility, as well, to ensure that parents who work and who play by the rules don't have to risk the health of their children.

"The time has come for everyone in this country to take a stand," says Dorn, "and do everything in our power to see that children in America are guaranteed a healthy start in life, and that no child is left behind."

## Six national and community leaders say why health care is important for children:

*We need a system without any barriers that keep children from the health care they deserve. We need to reform Medicaid so that it will embrace families rather than exclude them. For the forgotten children of the inner city and rural America, we need to guarantee access to health care.*

**—C. Everett Koop, former U.S. Surgeon General, Washington, D.C. (January 1992)**

*If we expect young people to participate as healthy adults in this society, that expectation has to be based on a healthy childhood.*

**—Deborah Prothrow-Stith, assistant dean, Harvard School of Public Health, Cambridge, Mass.**

*Children need adequate health care in order to live healthy, productive lives. Access to that care depends upon health insurance.*

**—Judy Feder, professor of public policy, Institute for Health Care Research and Policy, Georgetown University Medical Center, Washington, D.C.**

*The very future of our country depends in large part on whether or not the health needs of our children are met. It is a great but needless tragedy that in this, the richest country on Earth, the state of children's health is among the lowest of all industrial nations. This is especially true in our inner cities, where child health indices rival those of the poorest countries.*

**—Dennis Rivera, president, National Health and Human Service Employees Union, AFL-CIO, New York, N.Y.**

*Not to address the health needs of children means that we will be developing a generation of frail elderly. If children do not receive health care when they are young, they may not be able to enjoy the good life when they are older. Health care denied leads to other problems later in life. Unfortunately, it's often later in life that we learn that lesson. But it's not too late for us to apply it and teach it to our children now.*

**—Horace Deets, executive director, American Association of Retired Persons, Washington, D.C.**

*Children need to be healthy in order to develop and learn and to live up to their potential to be productive citizens.*

**—Judy Waxman, director of government affairs, Families USA, Washington, D.C.**

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## CDF resources

***The following resources, published or distributed by CDF, can be ordered from CDF Publications, 25 E St. NW, Washington, DC 20001, 202-662-3652; fax, 202-662-3510. Orders under $25 must be prepaid.***

### General

***The State of America's Children Yearbook.*** CDF's annual, comprehensive resource on developments and data concerning children and families (1997 edition available in March). 120 pp. (approx.), fully indexed. $14.95.

***Stand For Children: A Parent's Guide to Child Advocacy.*** How to advocate for your own children and for all children. 36 pp., 1996. ISBN: 1-881985-05-9. $4.95.

**30 Simple Things Parents Can Do to Help Keep Children Safe from Violence.** Ideas to help parents protect their children at home and in the community. 20 pp., 1995. $2.50.

***Guide My Feet: Prayers and Meditations on Loving and Working for Children.*** Compilation of prayers and inspiring words from CDF President Marian Wright Edelman. 240 pp., 1995. ISBN: 0-8070-2308-6. $17.95.

***Wasting America's Future: The Children's Defense Fund Report on the Costs of Child Poverty.*** The devastating toll of poverty on children and the nation. 154 pp., 1994; published by Beacon Press. ISBN: 0-8070-4107-6. $18.

***Welcome the Child: A Child Advocacy Guide for Churches.*** For clergy, staff, and everyone involved in children's ministries, Christian education, worship and music, mission and outreach, and social advocacy. 168 pp., 1994. ISBN: 0-377-00266-6. $9.95.

***An Advocate's Guide to the Summer Food Service Program.*** How to get summer feeding sites in your community and combine food service with recreational or academic activities. 35 pp., 1994. ISBN: 1-881985-07-5. $4.95.

***An Advocate's Guide to Using Data.*** How to select, analyze, and present data effectively. 20 pp., 1990. ISBN: 0-938008-80-3. $4.95.

***BCCC Freedom School Curriculum: Volume I: We Can Make a Difference.*** Curriculum guide for summer programs to build children's academic skills and self-esteem. 186 pp., 1996. $30.

### Health

***Managed Care and Children's Health.*** An analysis of early and periodic screening, diagnosis, and treatment services under state managed-care contracts. 68 pp., 1995. $4.50.

***Information for Action: An Advocate's Guide to Using Maternal and Child Health Data.*** Where to get local health data, how to present them, and how to involve communities in monitoring health needs. 52 pp., 1993. ISBN: 1-881985-03-2. $5.95.

***Building a National Immunization System: A Guide to Immunization Services and Resources.*** A state-by-state look at immunization services to help advocates gauge their state's performance and target opportunities for improvement. 136 pp., 1994. ISBN: 1-881985-06-7. $9.95.

***Recent Progress on Immunizations: Giant Steps for Babies and Toddlers.*** A research paper that details the recent progress that's been made in boosting immunization rates and reducing the number of vaccine-preventable diseases. 1997. $5.95.

## Stay in the know!

CDF can help you stay on top of the latest federal developments that will affect children in the nation and in your state. To join our legislative update list, mail your name, address, phone, fax, e-mail address, and the name of your representative in the U.S. House to: John Aravosis, CDF, 25 E Street NW, Washington, DC 20001; fax: 202-662-3540; or e-mail: cdfupdate@childrensdefense.org. You'll receive our one-page updates via e-mail or fax approximately once a week. Note: Due to timing and cost constraints, fax updates may sometimes be less detailed or less frequent than e-mail updates.

## Every day in America

| | |
|---|---|
| **3** | people under 25 die from HIV infection. |
| **6** | children commit suicide. |
| **10** | children are homicide victims. |
| **16** | children are killed by firearms. |
| **87** | babies die. |
| **144** | babies are born at very low birthweight (less than 3.25 pounds). |
| **316** | children are arrested for violent crimes. |
| **466** | babies are born to mothers who had late or no prenatal care. |
| **788** | babies are born at low birthweight (less than 5.5 pounds). |
| **1,420** | babies are born to teen mothers. |
| **1,788** | babies are born without health insurance. |
| **2,566** | babies are born into poverty. |
| **3,086** | public school students are corporally punished. |
| **3,356** | high school students drop out. |
| **3,533** | babies are born to unmarried mothers. |
| **5,702** | children are arrested. |
| **8,042** | children are reported abused or neglected. |
| **13,076** | public school students are suspended. |

# One step for children

Call or meet with newly elected officials and urge them to Stand For Children in 1997.

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Children's Defense Fund

CDF Reports

Marian Wright Edelman, President

February 1997
Volume 18, Number 3

## CDF's Nonpartisan Congressional

# Voting Record for 1996

America's challenges in child, family, and community matters are legion. But they are solvable, depending on our moral choices as citizens and leaders and on our collective political will. It is unconscionable and unnecessary that an American child drops out of school every eight seconds; is reported neglected or abused every 10 seconds; is arrested every 15 seconds; is born to an unmarried mother every 24 seconds, to a teen mother every minute, and at low birthweight every two minutes; and is killed by guns every hour and a half.

It is unconscionable and unnecessary that the richest nation in history lets one in five children grow up poor and lets children be the poorest group of citizens; that a nation that spends $30 million an hour and $22 billion a month on military defense is not powerful enough to protect children from the gun violence that killed 5,751 of them in 1993; and that the world's leader in health technology lets nearly 10 million children go without health coverage.

CDF's annual Nonpartisan Congressional Voting Record looks at how members of Congress voted over the past year on measures essential to protecting children—measures to advance children's health, safety, education, nutrition, and family economic security. It also evaluates Congress' fairness to children as crucial budget decisions are made.

The year 1996 was a difficult one for the nation's children. Our leaders voted to "end welfare as we know it" by dismantling the 60-year-old safety net and cutting $54 billion over six years in federal assistance for children, families, and legal immigrants, without asking for any sacrifice from the Pentagon, corporate welfare recipients, or well-to-do Americans. In fact, Congress gave the Pentagon $11.5 billion it did not need or request. These actions threaten to push another million children into poverty and push millions more already-poor children deeper into poverty.

Although the assured income safety net for children was destroyed, child advo-

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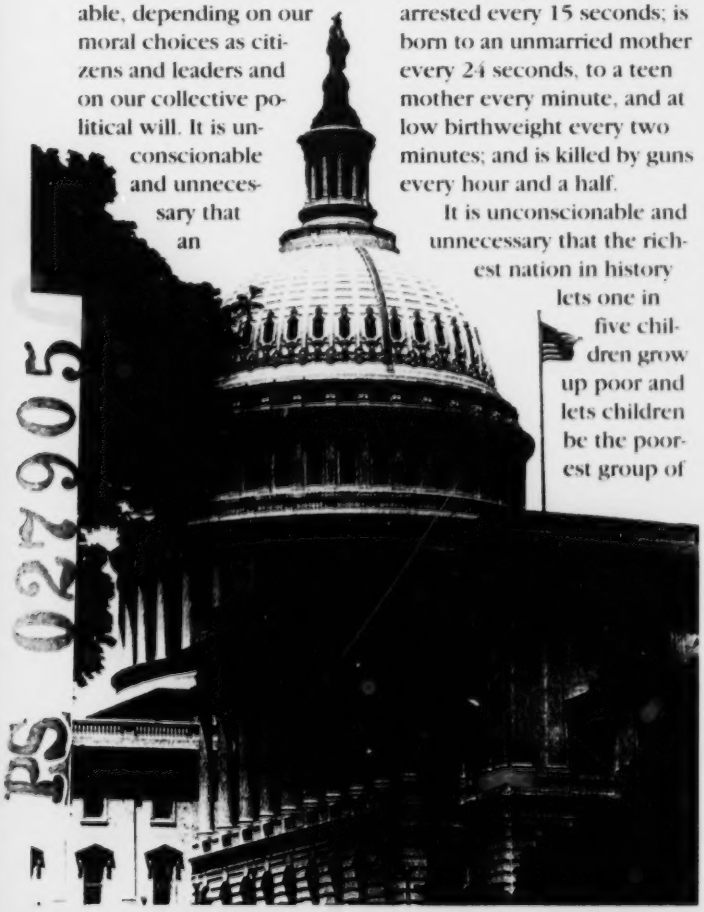


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## 1996 congressional voting record

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cates in and out of Congress helped beat back seven other unjust block-grant proposals that would have repealed child and family nutrition, child protection, and Medicaid safety nets. Child advocates also made a difference in helping to get billions of dollars more, rather than cuts, in child care and hundreds of millions more dollars in Head Start. And child advocates made a difference on June 1, 1996, when more than 250,000 people of every race, income, faith, age, and state gathered at the Lincoln Memorial to Stand For Children in the largest and most uplifting demonstration of commitment to children in American history. Thousands more stood for children in 133 local rallies across America.

In 1997 we must not only fight any renewed efforts to further dismantle child safety nets and undermine crucial child protections, but insist on new investments to meet the needs of children, families, and our nation, and a reversal of the trends of taking from the needy to help the non-needy. Parents are the first line of child defense, but all parents need safe and healthy communities, employers who help them balance work and family obligations, and government that is fair to all Americans, including children. Our children have so many needs, and there is so much to do. It will take every effort of everyone within and without the child advocacy community to meet them, and to reach out to others in every party, race, income, faith, and age group to form powerful coalitions.

In 1997 we must move beyond the unjust welfare law and turn it into *real* welfare reform in states and localities, with demands for parental jobs, child care, and health care. We must simultaneously hold the President's, Congress', and states' feet to the fire to restore many unfair cuts and provide our children, families, and legal immigrants a safety net in every state, especially when a recession comes.

We must make sure that proposals to balance the budget do not do so on the backs of our children and the poor while the powerful and affluent continue to go untouched or get more.

And child advocates in 1997 must focus on *healthy* children—ensuring all children a Healthy Start, the health coverage they need to grow and thrive and reach productive adulthood, and healthy communities that allow them to breathe and walk safely to and learn in school, unimpaired by fear of violence or by untreated health problems.

We are standing for healthy children in 1997 because it is unconscionable that every day in America, children are dying from diseases we could prevent; are being born too small to live and thrive, because their mothers lacked prenatal care; are failing in school because of untreated vision and hearing and learning problems; are being hospitalized with life-threatening illnesses that could have been alleviated if their parents could afford doctor visits; and are losing private health coverage at a rate of 3,300 children a day. We are standing for healthy children in 1997 because all children are growing up *right now* and need health protection *right now*, regardless of the state in which the child lives or the parents the child chanced to draw. Why should a child's life chances depend on geogra-

*(See page 3)*

## How America stands

Among industrialized countries, the United States ranks:

**1st** in military technology

**1st** in military exports

**1st** in Gross Domestic Product

**1st** in the number of millionaires and billionaires

**1st** in health technology

**1st** in defense expenditures

**18th** in the gap between rich and poor children

**16th** in living standards among our poorest one-fifth of children

**17th** in efforts to lift children out of poverty

**18th** in infant mortality

**17th** in low-birthweight rates

**Below average** in math scores among 41 countries

**Last** in protecting our children against gun violence

According to the Centers for Disease Control and Prevention, our country's firearm death rates of children under 15 are far higher than the *combined rates* of 25 other industrialized countries:

| | |
|---|---|
| U.S. firearm death rate for children under 15: | **12** times higher |
| U.S. firearm homicide rate for children under 15: | **16** times higher |
| U.S. firearm suicide rate for children under 15: | **11** times higher |
| U.S. firearm accident rate for children under 15: | **9** times higher |

Three of every four children murdered in the 26 countries combined were American children. Five of the countries had no firearm deaths of children, and five had no firearm suicides or murders.

From *The State of America's Children Yearbook 1997*

*CDF Reports* (ISSN: 0276-6531) is published monthly by the Children's Defense Fund, 25 E Street NW, Washington, DC 20001, 202-628-8787. Year subscription rate: $29.95. For change of address, please include your old mailing label with your new address. Write to the managing editor for permission to reprint any part of this publication. The Charles H. Revson Foundation provides support for all CDF publications.

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## 1996 congressional voting record

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phy? Why should a Massachusetts child have health care that is denied a Mississippi child, whose state chooses not to provide it? Why is a 66-year-old guaranteed health care when a 6- or 16-year-old is not? What makes one child's life more valuable than another's?

And we are standing for healthy children in 1997 because nearly 10 million children are uninsured in America, and the number is growing every day. Nine out of 10 uninsured children live in families that work; seven out of 10 are White; six out of 10 live in two-parent families. If our leaders take only small and piecemeal steps and cover only half of uninsured children, and if private coverage continues to erode by an average of 1.2 million children a year, by the year 2000 there still will be 8 million uninsured children. Which of us would want our children to be among those remaining uninsured? Surely we can do better than this.

## How we compile this voting record

Each year, CDF compiles this Nonpartisan Congressional Voting Record to show how each member of Congress voted, and to help parents, children's advocates, and others know where their representatives stand on important child and family concerns, and how best to urge those representatives to keep standing for children, and hold them accountable to do better.

We chose the most crucial 14 House votes and 15 Senate votes, from among the many votes affecting children and families in 1996. We applaud the 29 senators and 106 representatives who scored 86 or higher, and hope you will thank them and urge their continued leadership for children. We hope you will educate and encourage the 55 senators and 257 representatives who scored under 60, to be more responsive to the needs of children and families.

A voting record is an important but incomplete gauge of a member's concern for children. Some members try to improve bad bills for which they end up voting; some senators did this in 1995 and 1996 to improve provisions of the welfare "reform" bills, including securing provisions that retained key child protections in Medicaid, food stamps, school breakfasts and lunches, child protection, and child care feeding programs. Some members successfully offer amendments that pass by unrecorded voice votes—which cannot be reflected in a voting record—such as Sen. Bill Bradley's (D-NJ) amendment to require that insurance companies not require women and their newborns to leave the hospital until at least the second day after delivery.

The House and Senate have very different rules for considering amendments to a bill. In the House, a small committee controlled by the majority party typically decides which bills will be considered and which, if any, amendments will be debated and voted upon. In the Senate, there generally is a far broader opportunity to offer amendments. However, in 1996, this was somewhat limited by the majority leadership's decisions not to allow certain important bills to be considered independently by the Senate, choosing instead to include them in other bills that the Senate already had passed. The leadership chose this route on key appropriations bills important to children (including those funding programs run by the Labor, Health and Human Services, Education, and Justice departments). This left senators fewer opportunities to cast votes that highlighted the spending priorities they believed most important.

Senators and representatives may miss a crucial vote affecting children for many reasons, some unavoidable. CDF counts a missed vote as a vote against, because children need every possible vote, every time.

This record includes voting scores from 1995 to help you see more than one year of your senators' or representative's votes. Copies of the full 1995 voting record as well as vote records for earlier years may be purchased for $3 each from CDF Publications, 25 E St. NW, Washington, DC 20001.

The information about how a representative or senator voted on each bill CDF selected comes from CQ Washington Alert, a computerized legislative service, and is based upon *Congressional Quarterly's* record of the votes.



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# Key 1996 Senate votes

## 1. Balanced budget amendment to the Constitution

(H.J.Res.1)

The amendment would change the U.S. Constitution to require that the federal budget be balanced every year. While the need for significant deficit reduction is real, this inflexible constitutional amendment to balance the budget would hurt children and families in times of economic downturn and natural disaster. Also, the budget-balancing proposals under consideration were unfair to children. They exempted half the federal budget from any cuts, making the brunt of deficit reduction fall on children. Two-thirds of the Senate, or 67 senators, are needed for passage of a constitutional amendment in the Senate. It failed, 64–35. (June 6, 1996)

**CDF's position was to vote against. (N)**

## 2. Comparable insurance coverage for mental health services

(S. 1028)

Mental health services often are crucial for children's healthy development and well-being. Many insurance plans do not cover such services at all; others impose very stringent limits, such as a low cap on the number of hospital days per year, on the mental health services families can receive. The Senate was considering an amendment to bar health insurance plans from limiting mental health services if they do not impose the same limits on other health services. A motion to kill this amendment failed, 30–68. (April 18, 1996).

**CDF's position was against killing the amendment. (N)**

## 3. Protections in health insurance coverage

(S. 1028/H.R. 3103)

Parents and their children often lose health insurance when the parent moves from one job to another. If the parent or child has a "pre-existing" medical condition, the new employer's insurance often refuses to provide coverage for that condition. The Senate voted to pass legislation, known as the "Kennedy/Kassebaum bill," that would permit workers to continue to receive insurance coverage at their new jobs (or if they have lost a job) and substantially limits the ability of insurers to deny coverage because of such pre-existing conditions. 100–0. (April 23, 1996)

**CDF's position was to pass. (Y)**

## 4. Investments in health care versus tax loopholes for corporations

(S.Con.Res. 57)

The Senate decided whether to reduce tax loopholes for wealthy corporations and use the savings to restore funds for health care for children, elderly, and disabled people that were being cut from the Medicaid program. The amendment also would have expressed the sense of the Senate that Medicaid should continue to protect all currently covered groups, including children. The Senate voted to kill the amendment, 55–45. (May 22, 1996)

**CDF's position was against killing this amendment. (N)**

## 5. Investments in education versus tax loopholes for corporations

(S.Con.Res. 57)

The Senate decided whether to reduce tax loopholes for corporations and use the savings to increase spending for education and job training for children and their parents by $56 billion over six years. The Senate voted to kill this amendment, 52–48. (May 22, 1996)

**CDF's position was against killing this amendment. (N)**

## 6. Budget resolution plan for FY 1997

(H.Con.Res. 178)

The annual omnibus budget resolution reflects the values and provides the framework for the federal government spending that Congress approves for the year. The 1997 budget resolution sought to dismantle the 60-year-old safety net for children, families, the poor, and disabled persons, cutting income and nutrition programs by $53 billion, and cutting $72 billion from Medicaid's health safety net for poor children, seniors, and people with disabilities. The Senate passed the resolution, 53–46. (June 13, 1996)

**CDF's position was against passage. (N)**

## 7. Education and job training investments versus unneeded defense spending

(S. 1745)

Senators decided whether to reduce the amount to be spent in FY 1997 for defense ($30 million an hour) by $1.3 billion and use that amount for educa-

### Key 1996 Senate votes

*(Continued from page 4)*

tion and job training for children and their parents. The Senate voted to kill this amendment, 60–40. (June 26, 1996) The final law for FY 1997 gave the Defense Department $11.5 billion more than it requested or wanted.

**CDF's position was against killing the amendment. (N)**

## 8. Increasing the minimum wage

(H.R. 3448)

Parents who work must be able to earn wages that allow them to support their families. Two out of three poor children live in families in which one or both parents work. The Senate was voting on a measure to increase the minimum wage that workers must be paid. On this vote, the Senate rejected the amendment, 46–52. (July 9, 1996) The Senate and House ultimately passed an increase in the minimum wage from $4.25 an hour (its level since 1991) to $4.75 in October 1996, and $5.15 in September 1997.

**CDF's position was to pass the amendment. (Y)**

## 9. Protecting children at the expiration of the welfare time limit

(S. 1956)

Families should not be on welfare indefinitely without working. But many unskilled parents find it hard to get and keep jobs. The Senate bill putting a lifetime limit on cash aid to families on welfare made no provision for helping children whose parents had tried and could not find work but had reached the time limit. This amendment proposed to protect the children by providing families coupons to purchase specific items, such as food, clothing, and shelter, for the children. Sixty votes were needed to waive a procedural rule that prevented this amendment from being considered. The Senate refused to waive the rule, 51–47. (July 19, 1996)

**CDF's position was for waiving the rule and passing the amendment. (Y)**

## 10. Avoiding harm to children from the welfare law

(S. 1956)

Studies showed that 1 million more children would be pushed into poverty by the welfare "reform" bill the Senate considered. On this vote, the Senate voted on an amendment to establish an expedited process by which Congress could consider recommendations of the Secretary of Health and Human Services to reverse any rise in the child poverty rate found in a two-year study of the welfare bill's impact. The Senate rejected this amendment, 46–50. (July 19, 1996)

**CDF's position was to pass the amendment. (Y)**

## 11. Food Stamp Block Grant

(S. 1956)

Fourteen million—more than half—of all food stamp recipients are children, and more than 80 percent of food stamp households include children. This vote was to eliminate a provision in the welfare bill that would allow each state to choose to block-grant this nutrition safety net program and thereby eliminate a range of protections for children and families. The Senate passed this amendment, 53–45. (July 23, 1996)

**CDF's position was to pass this amendment. (Y)**

## 12. Protecting legal immigrant children

(S. 1956)

An amendment was pending to exempt children from the welfare bill's ban on providing welfare benefits to almost all legal immigrants. The Senate voted on whether to waive a rule that barred consideration of the amendment. Sixty votes were required to waive the rule. The Senate rejected the motion to waive the rule, 51–48. (July 23, 1996)

**CDF's position was for waiving the rule. (Y)**

## 13. Welfare "reform" bill

(S. 1956)

The Senate passed, 74–24, a bill to end the guaranteed safety net for children and families, replacing the Aid to Families with Dependent Children program; and to cut by $56.3 billion over six years food stamps, child nutrition, child disability, and other safety net programs for children and families. (August 1, 1996)

**CDF's position was against passage of this bill. (N)**

## 14. Final passage of welfare "reform" bill

(H.R. 3734)

After meeting with the House to arrive at a compromise final bill, the Senate passed the final welfare "reform" bill, 78–21, ending the guaranteed safety net for children and families and cutting by $54.1 billion over six years food stamps, child nutrition, child disability, and other safety net programs. (August 1, 1996)

**CDF's position was against passage of the bill. (N)**

## 15. Protecting children by barring abusers from owning guns

(H.R. 3756)

The Senate voted on an amendment making it illegal for a person convicted of a misdemeanor or felony crime of domestic violence to own or buy a firearm, passing the amendment, 97–2. (September 12, 1996)

**CDF's position was to pass the amendment. (Y)**

# 1996 Voting Record

## SENATE

| CDF Position | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | % '96 | % '95 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | N | N | Y | N | N | N | N | Y | Y | Y | Y | Y | N | N | Y | | |
| **ALABAMA** | | | | | | | | | | | | | | | | | |
| Heflin H (D) | - | + | + | + | + | + | - | + | + | + | + | | | | | **60** | 85 |
| Shelby R (R) | | + | + | - | | | | | | | | | | | + | **20** | 11 |
| **ALASKA** | | | | | | | | | | | | | | | | | |
| Murkowski F (R) | | + | + | - | | | | | | | | | | | + | **20** | 17 |
| Stevens T (R) | | + | + | - | | | | | | | | | | | + | **20** | 22 |
| **ARIZONA** | | | | | | | | | | | | | | | | | |
| Kyl J (R) | | | + | | | | | | | | | | | | + | **13** | 0 |
| McCain J (R) | | | + | | | | | | | | | | | | + | **13** | 6 |
| **ARKANSAS** | | | | | | | | | | | | | | | | | |
| Bumpers D (D) | + | + | + | + | + | ? | + | + | + | + | + | + | + | + | + | **93** | 94 |
| Pryor D (D) | + | + | + | + | + | + | + | + | ? | ? | + | + | + | ? | + | **80** | 94 |
| **CALIFORNIA** | | | | | | | | | | | | | | | | | |
| Boxer B (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 89 |
| Feinstein D (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 85 |
| **COLORADO** | | | | | | | | | | | | | | | | | |
| Brown H (R) | | | + | | | | | | | | | | | | + | **13** | 6 |
| Campbell B (R) | | ? | + | | + | | | + | | ? | + | + | | | + | **40** | 39 |
| **CONNECTICUT** | | | | | | | | | | | | | | | | | |
| Dodd C (D) | + | - | + | + | + | + | | + | + | + | + | + | + | + | + | **87** | 85 |
| Lieberman J (D) | + | + | + | + | + | + | - | + | + | + | + | + | - | - | + | **80** | 89 |
| **DELAWARE** | | | | | | | | | | | | | | | | | |
| Biden J (D) | | + | + | + | + | + | | + | + | + | + | + | | | + | **73** | 85 |
| Roth W (R) | | | + | | | | | | | | | | | | + | **13** | 17 |
| **FLORIDA** | | | | | | | | | | | | | | | | | |
| Graham B (D) | | + | + | + | + | + | + | | + | + | + | + | + | | + | **80** | 72 |
| Mack C (R) | | ? | + | | | | | | | | | | | | + | **13** | 6 |
| **GEORGIA** | | | | | | | | | | | | | | | | | |
| Coverdell P (R) | | + | + | | | | | | | | | | | | + | **20** | 11 |
| Nunn S (D) | | + | + | | | + | | | ? | ? | + | + | | | + | **40** | 72 |
| **HAWAII** | | | | | | | | | | | | | | | | | |
| Akaka D (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 100 |
| Inouye D (D) | + | + | + | + | + | + | + | - | + | + | + | + | ? | + | + | **87** | 85 |

## SENATE

| CDF Position | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | % '96 | % '95 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | N | N | Y | N | N | N | N | Y | Y | Y | Y | Y | N | N | Y | | |
| **IDAHO** | | | | | | | | | | | | | | | | | |
| Craig L (R) | | | + | | | | | | | | | | | | + | **13** | 0 |
| Kempthorne D (R) | | | + | | | | | | | | | | | | + | **13** | 0 |
| **ILLINOIS** | | | | | | | | | | | | | | | | | |
| Moseley Braun C (D) | - | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **93** | 89 |
| Simon P (D) | - | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **93** | 89 |
| **INDIANA** | | | | | | | | | | | | | | | | | |
| Coats D (R) | | | + | | | | | | | | | | | | + | **13** | 11 |
| Lugar R (R) | | + | + | | | | | | | | | | | | + | **20** | 22 |
| **IOWA** | | | | | | | | | | | | | | | | | |
| Grassley C (R) | | + | + | | | | | | | | | | | | + | **20** | 11 |
| Harkin T (D) | - | + | + | + | + | + | + | + | + | + | + | + | | | + | **80** | 85 |
| **KANSAS** | | | | | | | | | | | | | | | | | |
| Dole R (R) | - | + | + | - | - | X | X | X | X | X | X | X | X | X | X | **40** | 11 |
| Frahm S (R) | X | X | X | X | X | - | - | - | - | - | - | - | - | - | + | **10** | * |
| Kassebaum N (R) | - | - | + | - | - | - | - | + | - | ? | ? | ? | | | + | **20** | 22 |
| **KENTUCKY** | | | | | | | | | | | | | | | | | |
| Ford W (D) | + | + | + | + | + | + | - | + | + | + | + | + | | | + | **80** | 89 |
| McConnell M (R) | - | + | + | - | - | - | - | - | - | - | - | - | | | + | **20** | 6 |
| **LOUISIANA** | | | | | | | | | | | | | | | | | |
| Breaux J (D) | - | - | + | + | + | + | - | + | + | + | + | + | | | + | **67** | 85 |
| Johnston J (D) | + | - | + | + | + | + | - | | + | + | + | + | | | + | **67** | 85 |
| **MAINE** | | | | | | | | | | | | | | | | | |
| Cohen W (R) | - | - | + | - | - | - | - | ? | - | - | - | + | - | - | + | **20** | 33 |
| Snowe O (R) | - | + | + | - | + | - | - | - | + | + | + | - | - | - | + | **47** | 33 |
| **MARYLAND** | | | | | | | | | | | | | | | | | |
| Mikulski B (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | - | + | **93** | 85 |
| Sarbanes P (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 100 |
| **MASSACHUSETTS** | | | | | | | | | | | | | | | | | |
| Kennedy E (D) | + | - | + | + | + | + | + | + | + | + | + | + | + | + | + | **93** | 100 |
| Kerry J (D) | + | + | + | + | + | + | + | + | + | + | + | + | | | + | **87** | 94 |
| **MICHIGAN** | | | | | | | | | | | | | | | | | |
| Abraham S (R) | - | + | + | - | - | - | - | - | - | - | - | - | - | - | + | **20** | 11 |
| Levin C (D) | + | + | + | + | + | + | + | + | + | + | + | + | | | + | **87** | 94 |

**SENATE KEY:**

1 = Balanced budget amendment to the Constitution
2 = Comparable insurance coverage for mental health services
3 = Protections in health insurance coverage
4 = Investments in health care versus tax loop holes for corporations
5 = Investments in education versus tax loop holes for corporations
6 = Budget resolution plan for FY 1997
7 = Education and job training investments versus unneeded defense spending
8 = Increasing the minimum wage
9 = Protecting children at the expiration of the welfare time limit
10 = Avoiding harm to children from the welfare law
11 = Food Stamp Block Grant
12 = Protecting legal immigrant children
13 = Welfare "reform" bill
14 = Final passage of welfare "reform" bill
15 = Protecting children by barring abusers from owning guns

% '96 = Number of times voted for CDF position divided by the total number of votes (absences during voting are computed as negative votes)
% '95 = 1995 Voting Rating

Y = CDF supported the measure
N = CDF opposed the measure

+ = Favorable
- = Unfavorable
? = Not voting
* = Not a member in 1995
X = Not a member at the time of vote

D = Democrat
R = Republican
I = Independent

AL = At Large

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## SENATE

| CDF Position | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | % '96 | % '95 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | N | N | Y | N | N | N | N | Y | Y | Y | Y | Y | N | N | Y | | |
| **MINNESOTA** | | | | | | | | | | | | | | | | | |
| Grams R (R) | - | - | + | - | - | - | - | - | - | - | - | - | - | - | + | **13** | 6 |
| Wellstone P (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 100 |
| **MISSISSIPPI** | | | | | | | | | | | | | | | | | |
| Cochran T (R) | - | + | + | - | - | - | - | ? | - | - | - | - | - | - | + | **20** | 17 |
| Lott T (R) | - | + | + | - | - | - | - | - | - | - | - | - | - | - | + | **20** | 0 |
| **MISSOURI** | | | | | | | | | | | | | | | | | |
| Ashcroft J (R) | - | - | + | - | - | - | - | - | - | - | - | - | - | - | + | **13** | 0 |
| Bond C (R) | - | - | + | - | - | - | - | - | - | - | - | - | - | - | + | **13** | *22* |
| **MONTANA** | | | | | | | | | | | | | | | | | |
| Baucus M (D) | - | + | + | + | + | + | + | + | + | + | + | + | - | - | + | **80** | 72 |
| Burns C (R) | - | + | + | - | - | - | - | - | - | - | - | - | - | - | + | **20** | 17 |
| **NEBRASKA** | | | | | | | | | | | | | | | | | |
| Exon J (D) | + | + | + | + | + | + | + | + | + | + | + | + | - | - | + | **87** | 83 |
| Kerrey R (D) | + | + | + | - | - | + | + | + | + | + | + | + | + | + | + | **87** | 89 |
| **NEVADA** | | | | | | | | | | | | | | | | | |
| Bryan R (D) | - | + | + | + | + | + | + | + | + | + | + | + | - | - | + | **80** | 83 |
| Reid H (D) | + | + | + | + | + | + | + | + | + | + | + | + | - | - | + | **87** | 89 |
| **NEW HAMPSHIRE** | | | | | | | | | | | | | | | | | |
| Gregg J (R) | - | - | + | - | - | - | - | - | - | - | - | - | - | - | + | **13** | 11 |
| Smith R (R) | - | - | + | - | - | - | - | - | - | - | - | - | - | - | + | **13** | 6 |
| **NEW JERSEY** | | | | | | | | | | | | | | | | | |
| Bradley B (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 94 |
| Lautenberg F (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 100 |
| **NEW MEXICO** | | | | | | | | | | | | | | | | | |
| Bingaman J (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | - | **93** | 89 |
| Domenici P (R) | - | + | + | - | - | - | - | - | - | - | - | - | - | - | + | **20** | *22* |
| **NEW YORK** | | | | | | | | | | | | | | | | | |
| D'Amato A (R) | - | + | + | - | - | - | - | + | - | - | - | - | - | - | + | **27** | 17 |
| Moynihan D (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 89 |
| **NORTH CAROLINA** | | | | | | | | | | | | | | | | | |
| Faircloth L (R) | - | - | + | - | - | - | - | - | - | - | - | - | + | - | + | **20** | 6 |
| Helms J (R) | - | + | + | - | - | - | - | - | - | - | - | - | - | - | + | **20** | 6 |
| **NORTH DAKOTA** | | | | | | | | | | | | | | | | | |
| Conrad K (D) | + | + | + | + | + | + | + | + | + | + | + | + | - | - | + | **87** | 89 |
| Dorgan B (D) | + | + | + | + | + | + | + | + | + | + | + | + | - | - | + | **87** | 94 |
| **OHIO** | | | | | | | | | | | | | | | | | |
| DeWine M (R) | - | + | + | - | - | - | - | - | - | - | - | - | - | - | + | **20** | 17 |
| Glenn J (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 83 |
| **OKLAHOMA** | | | | | | | | | | | | | | | | | |
| Inhofe J (R) | - | - | + | - | - | - | - | - | - | - | - | - | - | - | + | **13** | 11 |
| Nickles D (R) | - | - | + | - | - | - | - | - | - | - | - | - | - | - | + | **13** | 6 |

## SENATE

| CDF Position | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | % '96 | % '95 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | N | N | Y | N | N | N | N | Y | Y | Y | Y | Y | N | N | Y | | |
| **OREGON** | | | | | | | | | | | | | | | | | |
| Hatfield M (R) | + | + | + | - | - | - | + | - | - | - | + | + | - | - | ? | **40** | 44 |
| Wyden R (D) | + | + | + | + | + | + | + | + | + | + | + | + | - | - | + | **87** | * |
| **PENNSYLVANIA** | | | | | | | | | | | | | | | | | |
| Santorum R (R) | - | + | + | - | - | - | - | - | - | - | - | - | - | - | + | **20** | 6 |
| Specter A (R) | - | + | + | - | + | - | + | - | + | - | + | + | - | - | + | **53** | 28 |
| **RHODE ISLAND** | | | | | | | | | | | | | | | | | |
| Chafee J (R) | - | - | + | - | - | - | - | - | + | - | + | + | - | - | + | **33** | 28 |
| Pell C (D) | ? | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **93** | 89 |
| **SOUTH CAROLINA** | | | | | | | | | | | | | | | | | |
| Hollings E (D) | + | - | + | + | + | + | + | + | + | + | + | + | - | - | + | **80** | 89 |
| Thurmond S (R) | - | + | + | - | - | - | - | - | - | - | - | - | - | - | + | **20** | 6 |
| **SOUTH DAKOTA** | | | | | | | | | | | | | | | | | |
| Daschle T (D) | + | - | + | + | + | + | + | + | + | + | + | + | + | + | + | **93** | 94 |
| Pressler L (R) | - | + | + | - | - | - | - | - | - | - | - | - | - | - | + | **20** | 11 |
| **TENNESSEE** | | | | | | | | | | | | | | | | | |
| Frist B (R) | - | - | + | - | - | - | - | - | - | - | - | - | - | - | + | **13** | 0 |
| Thompson F (R) | - | - | + | - | - | - | - | - | - | - | - | - | - | - | + | **13** | 6 |
| **TEXAS** | | | | | | | | | | | | | | | | | |
| Gramm P (R) | - | - | + | - | - | - | - | - | - | - | - | - | - | - | + | **13** | 6 |
| Hutchison K (R) | - | + | + | - | - | - | - | - | - | - | - | - | - | - | + | **20** | 11 |
| **UTAH** | | | | | | | | | | | | | | | | | |
| Bennett R (R) | - | + | + | - | - | - | - | - | - | - | - | - | - | - | + | **20** | *22* |
| Hatch O (R) | - | + | + | - | - | - | - | - | - | - | - | - | - | - | + | **20** | *22* |
| **VERMONT** | | | | | | | | | | | | | | | | | |
| Jeffords J (R) | - | + | + | - | + | - | + | - | + | + | + | + | - | - | + | **60** | 55 |
| Leahy P (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 94 |
| **VIRGINIA** | | | | | | | | | | | | | | | | | |
| Robb C (D) | - | + | + | + | - | + | - | + | + | + | + | + | - | - | + | **67** | 78 |
| Warner J (R) | - | + | + | - | - | - | - | + | - | - | - | - | - | - | + | **27** | *22* |
| **WASHINGTON** | | | | | | | | | | | | | | | | | |
| Gorton S (R) | - | - | + | - | - | - | - | - | - | - | - | - | - | - | + | **13** | 28 |
| Murray P (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 94 |
| **WEST VIRGINIA** | | | | | | | | | | | | | | | | | |
| Byrd R (D) | + | + | + | + | + | + | + | + | + | - | + | - | - | - | + | **73** | 83 |
| Rockefeller J (D) | + | - | + | + | + | + | + | + | + | + | + | + | - | - | + | **80** | 94 |
| **WISCONSIN** | | | | | | | | | | | | | | | | | |
| Feingold R (D) | + | + | + | + | + | + | + | + | + | + | + | + | - | - | + | **87** | 89 |
| Kohl H (D) | - | - | + | + | + | + | + | + | + | + | + | + | - | - | + | **73** | 78 |
| **WYOMING** | | | | | | | | | | | | | | | | | |
| Simpson A (R) | - | + | + | - | - | - | - | - | - | - | - | - | - | - | + | **20** | 17 |
| Thomas C (R) | - | + | + | - | - | - | - | - | - | - | - | - | - | - | + | **20** | 6 |

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# Key 1996 House votes

## 1. Protections in health insurance coverage

(H.R. 3103)

On this vote, the House rejected an amendment to substitute the Kennedy/Kassebaum health insurance bill (see Senate vote #3) for a House bill that included provisions, such as "medical savings accounts," that would undermine health insurance protections for many Americans, including children, 192-226. (March 28, 1996)

**CDF's position was to vote for the amendment. (Y)**

## 2. Keeping low-income housing affordable

(H.Res.426)

The House voted to repeal the six-decade-old National Housing Act, and to block-grant funding for federal housing programs that serve low-income people, including families with children, 218-208. One provision in the bill would have eliminated the cap on the proportion of a family's income that must be used to pay the rent in public housing. (May 8, 1996)

**CDF's position was to vote against. (N)**

## 3. Budget resolution plan for FY 1997

(H.Con.Res. 178)

See explanation of Senate vote #6. In addition, the House budget resolution would have eliminated important programs like Goals 2000 and AmeriCorps. The House passed the budget resolution, 226-195. (May 16, 1996)

**CDF's position was to vote against. (N)**

## 4. Increasing the minimum wage

(H.R. 1227)

See explanation of Senate vote #8. The House voted 266-162 to increase the hourly minimum wage that workers must be paid by 90 cents over two years, from $4.25 per hour to $4.75 per hour on July 1, 1996, and to $5.15 per hour on July 1, 1997. (May 26, 1996)

**CDF's position was to pass. (Y)**

## 5. Comparable insurance coverage for mental health services

(H.R. 3103)

See explanation of Senate vote #2. The House considered a motion to instruct the House and Senate negotiators working on the final version of the health protection bill to include the mental health provisions passed by the Senate. The House rejected the motion, 182-235. (June 11, 1996)

**CDF's position was to pass the motion. (Y)**

## 6. Increased assistance for homeless persons through a reduction in the space program

(H.R. 3666)

Each night, more than 100,000 children are homeless in America. Shelters are reporting increases in the numbers of families with children needing their help. On this vote, the House decided whether to add $297 million to the Homeless Assistance program (increasing its proposed funding to $1.1 billion for FY 1997) by transferring that amount from the $5.4 billion Human Space Flight Program. The House rejected the amendment, 138-277. (June 25, 1996)

**CDF's position was to pass the amendment. (Y)**

## 7. Expanding education and training opportunities

(H.R. 3755)

On this amendment, the House voted against adding $1.2 billion to the FY 1997 appropriation to provide more summer jobs for teens, ensure safer schools, and increase the number of children able to participate in Head Start and enter school ready to learn. The House rejected the amendment, 193-227. (July 11, 1996)

**CDF's position was to pass the amendment. (Y)**

**Key 1996 House votes**
*(Continued from page 8)*

## 8. Protecting children at the expiration of the welfare time limit

(H.R. 3734)

See explanation of Senate vote #9. On this vote, the House decided whether to return the welfare "reform" bill to committee with instructions to include a provision permitting states to provide coupons to purchase specific items for children, such as food, clothing, and shelter, if their parents are denied benefits at the end of the five-year time limit.

**CDF's position was to pass the motion. (Y)**

## 9. Welfare "reform" bill

(H.R 3734)

The House passed, 256–170, a bill to end the guaranteed safety net for children and families, replacing the Aid to Families with Dependent Children program; and to cut by $61.1 billion over six years food stamp, child nutrition, child disability, and other safety net programs for children and families. (July 18, 1996)

**CDF's position was to oppose the bill. (N)**

## 10. Funding investments that keep children out of trouble and safe

(H.R. 3814)

In 1994, Congress enacted a crime law that recognized the importance of balancing law enforcement and prison construction with positive investments in prevention, such as after-school and summer programs that keep children safe and away from crime. Since 1995, Congress has added even more funds for law enforcement and prison construction, while never meeting its commitment to fund effective crime prevention programs for children. On this vote, the House rejected, 99–329, an amendment to transfer $497.5 million to juvenile justice and violence prevention from programs making grants for state prisons. (July 23, 1996)

**CDF's position was to pass the amendment. (Y)**

## 11. Final passage of welfare "reform" bill

(H.R. 3734)

After meeting with the Senate to arrive at a compromise final bill, the House passed the final welfare "reform" bill, 328–101. See Senate vote #14. (July 31, 1996)

**CDF's position was to oppose passage. (N)**

## 12. Silencing nonprofit voices in public policy debates

(H.R. 3019)

Known as the "Istook amendment," this proposal attempted to silence the voices of the nonprofit community, including many voices for children and families, by making it much harder for nonprofit organizations receiving federal funds to use other, nonfederal, funds to advocate or lobby. (Nonprofits already generally are barred from using their federal funds to lobby.) This unfair restriction would affect only nonprofits; defense contractors and others with federal contracts would be exempted. CDF takes no government funds. But many service providers and child advocates, including the Red Cross, Catholic Charities, and the YWCA, would be silenced by the rule, at both the national and local levels. The House passed the amendment, 211–209. (March 7, 1996)

**CDF's position was to vote against. (N)**

## 13. Educating all of our children

(H.R. 2202)

Education opens doors to self-sufficiency for all children. Failure to participate in school results in increased adolescent pregnancy, juvenile delinquency, and gang involvement. On this vote, the House passed an amendment, 257–163, that, contrary to a Supreme Court decision, would permit states to deny public education to undocumented immigrant children. (March 20, 1996)

**CDF's position was against this amendment. (N)**

## 14. Repeal of the ban on assault weapons

(H.R. 125)

Since 1979, more than 60,000 children have died from gunshots—5,751 in 1993 alone. Even more have been injured and far more live in fear of the violence in their communities. In 1994, Congress enacted a ban on assault weapons, barring future manufacture, transfer, and possession of some of the most lethal weapons: military-style, nonsporting weapons. Reports on similar state laws enacted earlier show that gun crimes decreased after the ban took effect—55 percent in Baltimore, Md., and 30 percent in Bridgeport, Conn. The House voted to repeal the ban on assault weapons, 239–173. (March 22, 1996)

**CDF's position was to vote against. (N)**

# 1996 Voting Record

## HOUSE

| CDF Position | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | % '96 | % '95 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Y | N | N | Y | Y | Y | Y | Y | N | Y | N | N | N | N | | |
| **ALABAMA** | | | | | | | | | | | | | | | | |
| 1 Callahan S (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| 2 Everett T (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| 3 Browder G (D) | + | + | + | + | + | ? | + | + | - | - | - | + | - | - | **57** | 82 |
| 4 Bevill T (D) | + | + | + | + | + | - | + | + | + | - | - | ? | - | - | **57** | 91 |
| 5 Cramer R (D) | + | + | + | + | + | - | + | + | - | - | - | + | - | - | **57** | 73 |
| 6 Bachus S (R) | - | - | - | + | - | - | - | - | - | - | - | - | - | - | **7** | 0 |
| 7 Hilliard E (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | - | **93** | 100 |
| **ALASKA** | | | | | | | | | | | | | | | | |
| AL Young D (R) | - | - | - | + | - | - | - | - | - | - | - | - | - | - | **7** | 9 |
| **ARIZONA** | | | | | | | | | | | | | | | | |
| 1 Salmon M (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 2 Pastor E (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 100 |
| 3 Stump B (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 4 Shadegg J (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 5 Kolbe J (R) | - | - | - | - | - | - | - | - | - | - | - | - | + | - | **7** | 9 |
| 6 Hayworth J (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| **ARKANSAS** | | | | | | | | | | | | | | | | |
| 1 Lincoln B (D) | + | + | + | + | ? | ? | ? | ? | ? | ? | - | + | + | + | **50** | 64 |
| 2 Thornton R (D) | + | + | + | + | + | - | + | + | + | - | - | + | + | - | **71** | 100 |
| 3 Hutchinson T (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| 4 Dickey J (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| **CALIFORNIA** | | | | | | | | | | | | | | | | |
| 1 Riggs F (R) | - | - | - | + | - | - | - | - | - | - | - | - | - | - | **7** | 0 |
| 2 Herger W (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 3 Fazio V (D) | + | + | + | + | + | - | + | + | + | ? | - | + | + | + | **79** | 100 |
| 4 Doolittle J (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 5 Matsui R (D) | + | + | + | + | + | + | + | + | + | ? | + | + | + | + | **93** | 82 |
| 6 Woolsey L (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 100 |
| 7 Miller G (D) | + | + | + | + | + | + | + | ? | ? | - | + | + | + | + | **79** | 100 |
| 8 Pelosi N (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 100 |
| 9 Dellums R (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 100 |
| 10 Baker B (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| 11 Pombo R (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| 12 Lantos T (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 91 |
| 13 Stark P (D) | + | - | + | + | + | + | + | + | + | + | + | ? | ? | | **86** | 100 |

## HOUSE

| CDF Position | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | % '96 | % '95 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Y | N | N | Y | Y | Y | Y | Y | N | Y | N | N | N | N | | |
| 14 Eshoo A (D) | ? | + | + | + | + | - | + | + | + | + | + | + | + | + | **86** | 100 |
| 15 Campbell T (R) | - | - | - | - | - | + | - | - | - | - | - | + | + | + | **29** | 100 |
| 16 Lofgren Z (D) | + | + | + | + | + | - | + | + | + | + | + | + | + | + | **93** | 100 |
| 17 Farr S (D) | + | + | + | + | + | - | + | + | + | + | + | + | + | + | **93** | 100 |
| 18 Condit G (D) | + | + | - | + | - | - | + | + | - | - | - | - | - | + | **43** | 45 |
| 19 Radanovich G (R) | - | - | - | - | - | - | - | - | - | - | - | - | ? | ? | **0** | 0 |
| 20 Dooley C (D) | ? | + | + | + | + | - | + | + | + | - | - | + | + | + | **71** | 73 |
| 21 Thomas B (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| 22 Seastrand A (R) | - | ? | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 23 Gallegly E (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 24 Beilenson A (D) | + | + | + | + | + | - | + | + | + | + | + | + | + | + | **93** | 100 |
| 25 McKeon H (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | ? | **0** | 9 |
| 26 Berman H (D) | + | + | + | + | + | ? | + | + | + | - | + | + | + | + | **86** | 91 |
| 27 Moorhead C (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | ? | **0** | 0 |
| 28 Dreier D (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | ? | **0** | 9 |
| 29 Waxman H (D) | + | + | + | + | + | + | + | + | + | - | + | + | + | + | **93** | 91 |
| 30 Becerra X (D) | + | + | + | ? | + | + | + | + | + | + | + | + | + | + | **93** | 91 |
| 31 Martinez M (D) | + | - | + | + | + | - | + | + | + | + | + | + | + | + | **86** | 100 |
| 32 Dixon J (D) | + | + | + | + | + | - | + | + | + | + | + | + | + | + | **93** | 100 |
| 33 Roybal-Allard L (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 100 |
| 34 Torres E (D) | + | + | + | + | + | - | + | + | + | + | + | + | + | + | **93** | 100 |
| 35 Waters M (D) | + | + | + | + | + | + | + | + | + | + | + | + | ? | ? | **86** | 91 |
| 36 Harman J (D) | + | + | + | + | ? | - | + | + | - | - | - | + | + | + | **64** | 73 |
| 37 Millender-McD. J (D) | X | + | + | + | + | + | + | + | + | + | + | X | X | X | **100** | * |
| 38 Horn S (R) | - | - | - | ? | - | - | - | - | - | - | - | + | - | + | **14** | 36 |
| 39 Royce E (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 40 Lewis J (R) | - | - | ? | + | - | - | - | ? | - | ? | - | + | - | ? | **14** | 18 |
| 41 Kim J (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| 42 Brown G (D) | + | + | + | + | + | - | + | + | + | + | + | + | + | + | **93** | 82 |
| 43 Calvert K (R) | - | - | - | ? | - | - | - | - | - | - | - | - | - | ? | **0** | 9 |
| 44 Bono S (R) | - | - | - | + | - | - | - | - | - | - | - | - | - | - | **7** | 0 |
| 45 Rohrabacher D (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 46 Dornan R (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 47 Cox C (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | ? | **0** | 0 |
| 48 Packard R (R) | - | - | ? | - | - | - | - | ? | ? | - | - | - | - | - | **0** | 9 |
| 49 Bilbray B (R) | - | - | - | + | - | + | - | - | - | - | - | + | - | + | **29** | 18 |
| 50 Filner B (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 73 |
| 51 Cunningham R (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | ? | **0** | 9 |
| 52 Hunter D (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |

### HOUSE KEY

1 = Protections in health insurance coverage
2 = Keeping low-income housing affordable
3 = Budget resolution plan for FY 1997
4 = Increasing the minimum wage
5 = Comparable insurance coverage for mental health services
6 = Increased assistance for homeless persons through a reduction in the space program
7 = Expanding education and training opportunities
8 = Protecting children at the expiration of the welfare time limit
9 = Welfare "reform" bill
10 = Funding investments that keep children out of trouble and safe
11 = Final passage of welfare "reform" bill
12 = Silencing nonprofit voices in public policy debates
13 = Educating all of our children
14 = Repeal of the ban on assault weapons

% '96 = Number of times voted for CDF position, divided by the total number of votes (absences during voting are computed as negative votes)
% '95 = 1995 voting rating

Y = CDF supported the measure
N = CDF opposed the measure

\+ = Favorable
\- = Unfavorable
? = Not voting
* = Not a member in 1995
X = Not a member at time of vote
S = Speaker of the House, votes only in rare circumstances or in the event of a tie
P = Voted *present*

D = Democrat
R = Republican
I = Independent

AL = At Large

BEST COPY AVAILABLE

## HOUSE

| CDF Position | 1 Y | 2 N | 3 N | 4 Y | 5 Y | 6 Y | 7 Y | 8 Y | 9 N | 10 Y | 11 N | 12 N | 13 N | 14 N | % '96 | % '95 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **COLORADO** | | | | | | | | | | | | | | | | |
| 1 Schroeder P (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | ? | **93** | 100 |
| 2 Skaggs D (D) | + | + | + | + | + | + | + | + | + | - | - | + | + | + | **86** | 100 |
| 3 McInnis S (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 4 Allard W (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| 5 Hefley J (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 18 |
| 6 Schaefer D (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| **CONNECTICUT** | | | | | | | | | | | | | | | | |
| 1 Kennelly B (D) | + | + | + | + | + | - | + | + | + | - | - | + | + | + | **79** | 100 |
| 2 Gejdenson S (D) | + | + | + | + | ? | + | + | + | + | - | - | + | + | + | **79** | 100 |
| 3 DeLauro R (D) | + | + | + | + | + | + | + | + | + | - | + | + | + | + | **93** | 100 |
| 4 Shays C (R) | - | - | - | + | - | + | - | - | - | + | - | - | - | + | **29** | 27 |
| 5 Franks G (R) | - | - | - | - | - | + | - | - | - | - | - | - | - | - | **7** | 27 |
| 6 Johnson N (R) | - | - | - | + | - | - | - | - | - | - | - | - | - | + | **14** | 27 |
| **DELAWARE** | | | | | | | | | | | | | | | | |
| AL Castle M (R) | - | - | - | + | - | - | - | + | - | - | - | + | - | + | **29** | 18 |
| **FLORIDA** | | | | | | | | | | | | | | | | |
| 1 Scarborough J (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| 2 Peterson P (D) | + | + | + | + | + | ? | + | + | + | - | - | + | ? | - | **64** | 91 |
| 3 Brown C (D) | + | + | + | + | ? | + | + | + | + | + | + | + | + | + | **93** | 100 |
| 4 Fowler T (R) | ? | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| 5 Thurman K (D) | + | + | + | + | + | - | + | + | + | - | - | + | + | - | **71** | 73 |
| 6 Stearns C (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 7 Mica J (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 8 McCollum B (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 9 Bilirakis M (R) | - | - | - | + | - | - | - | - | - | - | - | - | - | - | **7** | 9 |
| 10 Young C (R) | - | - | - | + | - | - | ? | ? | ? | ? | ? | - | - | + | **14** | 18 |
| 11 Gibbons S (D) | + | + | + | + | ? | - | ? | + | + | + | + | + | + | ? | **71** | 91 |
| 12 Canady C (R) | - | - | - | + | - | - | - | - | - | - | - | + | - | - | **14** | 18 |
| 13 Miller D (R) | - | - | ? | - | - | - | - | - | - | - | - | - | - | + | **7** | 0 |
| 14 Goss P (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 15 Weldon D (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 16 Foley M (R) | - | - | - | + | - | - | - | - | - | - | - | - | - | - | **7** | 9 |
| 17 Meek C (D) | + | + | + | + | + | - | + | + | + | + | + | + | + | + | **93** | 100 |
| 18 Ros-Lehtinen I (R) | ? | - | - | + | - | - | - | - | + | - | + | - | + | + | **36** | 27 |
| 19 Johnston H (D) | + | + | + | + | + | - | + | + | + | - | + | + | ? | ? | **71** | 91 |
| 20 Deutsch P (D) | + | + | + | + | ? | - | + | + | - | - | - | + | - | + | **57** | 91 |
| 21 Diaz-Balart L (R) | - | - | - | + | - | - | - | - | + | - | + | - | + | - | **29** | 27 |
| 22 Shaw E (R) | - | - | - | + | - | - | - | - | - | - | - | - | - | ? | **7** | 9 |
| 23 Hastings A (D) | + | + | + | + | ? | - | + | + | + | + | + | + | + | + | **86** | 100 |
| **GEORGIA** | | | | | | | | | | | | | | | | |
| 1 Kingston J (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| 2 Bishop S (D) | + | + | + | + | + | - | + | + | - | + | - | + | + | - | **71** | 91 |
| 3 Collins M (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 4 Linder J (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| 5 Lewis J (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 91 |
| 6 Gingrich N (R) | - | - | S | S | S | S | S | S | - | S | - | - | - | S | **0** | 0 |
| 7 Barr B (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 8 Chambliss S (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |

## HOUSE

| CDF Position | 1 Y | 2 N | 3 N | 4 Y | 5 Y | 6 Y | 7 Y | 8 Y | 9 N | 10 Y | 11 N | 12 N | 13 N | 14 N | % '96 | % '95 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 9 Deal N (R) | - | - | - | + | - | - | - | - | - | - | - | - | - | - | **7** | 27 |
| 10 Norwood C (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 11 McKinney C (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 100 |
| **HAWAII** | | | | | | | | | | | | | | | | |
| 1 Abercrombie N (D) | + | + | + | + | + | - | + | + | + | + | + | + | + | + | **93** | 100 |
| 2 Mink P (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 100 |
| **IDAHO** | | | | | | | | | | | | | | | | |
| 1 Chenoweth H (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 2 Crapo M (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| **ILLINOIS** | | | | | | | | | | | | | | | | |
| 1 Rush B (D) | + | + | + | + | + | + | + | + | + | + | + | + | ? | + | **93** | 91 |
| 2 Jackson J (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 100 |
| 3 Lipinski W (D) | + | + | + | + | - | - | + | + | - | - | - | + | - | + | **57** | 73 |
| 4 Gutierrez L (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 100 |
| 5 Flanagan M (R) | - | - | + | + | - | - | - | - | - | - | - | - | - | - | **14** | 27 |
| 6 Hyde H (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | + | **7** | 9 |
| 7 Collins C (D) | ? | + | + | + | + | + | + | + | + | ? | + | + | ? | ? | **71** | 82 |
| 8 Crane P (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 9 Yates S (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 82 |
| 10 Porter J (R) | - | - | - | - | - | - | - | - | - | - | - | - | ? | + | **7** | 0 |
| 11 Weller J (R) | - | - | - | + | - | - | - | - | - | - | - | - | + | - | **14** | 9 |
| 12 Costello J (D) | + | + | + | + | + | + | + | + | + | - | - | + | - | - | **71** | 91 |
| 13 Fawell H (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | + | **7** | 0 |
| 14 Hastert D (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| 15 Ewing T (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| 16 Manzullo D (R) | - | - | ? | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 17 Evans L (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 100 |
| 18 LaHood R (R) | - | - | + | - | - | - | - | - | - | - | - | + | - | - | **14** | 27 |
| 19 Poshard G (D) | + | + | + | + | - | + | + | + | + | - | - | + | - | - | **64** | 91 |
| 20 Durbin R (D) | + | + | + | + | + | + | + | + | + | - | - | ? | + | + | **79** | 100 |
| **INDIANA** | | | | | | | | | | | | | | | | |
| 1 Visclosky P (D) | + | + | + | + | + | + | + | + | + | - | - | + | - | + | **79** | 82 |
| 2 McIntosh D (R) | - | - | - | - | - | - | ? | - | - | - | - | - | - | - | **0** | 9 |
| 3 Roemer T (D) | + | + | + | + | - | + | + | + | - | - | - | + | - | + | **64** | 91 |
| 4 Souder M (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 18 |
| 5 Buyer S (R) | - | - | - | + | - | - | - | - | - | - | - | - | - | - | **7** | 9 |
| 6 Burton D (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| 7 Myers J (R) | - | - | - | - | - | - | - | - | - | - | - | ? | - | ? | **0** | 0 |
| 8 Hostettler J (R) | - | ? | - | - | - | - | - | - | - | - | - | - | ? | - | **0** | 9 |
| 9 Hamilton L (D) | + | + | + | + | - | + | + | + | - | - | - | + | - | - | **57** | 91 |
| 10 Jacobs A (D) | + | + | ? | + | P | + | + | + | + | - | + | + | - | + | **71** | 91 |
| **IOWA** | | | | | | | | | | | | | | | | |
| 1 Leach J (R) | - | + | - | + | - | + | - | - | - | - | - | + | + | + | **43** | 27 |
| 2 Nussle J (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| 3 Lightfoot J (R) | - | - | - | + | - | - | - | - | - | - | - | - | - | - | **7** | 9 |
| 4 Ganske G (R) | - | - | - | + | - | + | - | - | - | - | - | - | - | + | **21** | 18 |
| 5 Latham T (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |

BEST COPY AVAILABLE

# 1996 Voting Record

## HOUSE

| CDF Position | 1 Y | 2 N | 3 N | 4 Y | 5 Y | 6 Y | 7 Y | 8 Y | 9 N | 10 Y | 11 N | 12 N | 13 N | 14 N | % '96 | % '95 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **KANSAS** | | | | | | | | | | | | | | | | |
| 1 Roberts P (R) | + | - | - | + | - | - | - | - | - | - | - | - | - | - | **14** | 9 |
| 2 Brownback S (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| 3 Meyers J (R) | - | - | - | - | - | - | - | - | - | - | - | + | - | + | **14** | 18 |
| 4 Tiahrt T (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| **KENTUCKY** | | | | | | | | | | | | | | | | |
| 1 Whitfield E (R) | - | - | - | + | - | - | - | - | - | - | - | - | - | - | **7** | 9 |
| 2 Lewis R (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| 3 Ward M (D) | + | + | + | ? | + | + | + | + | + | - | - | + | + | + | **79** | 100 |
| 4 Bunning J (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 5 Rogers H (R) | - | - | - | + | - | - | - | - | - | - | - | - | - | - | **7** | 9 |
| 6 Baesler S (D) | + | + | + | + | + | - | + | + | - | - | - | + | + | + | **71** | 91 |
| **LOUISIANA** | | | | | | | | | | | | | | | | |
| 1 Livingston R (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 2 Jefferson W (D) | + | + | + | + | + | - | + | + | + | + | + | + | + | + | **93** | 100 |
| 3 Tauzin W (R) | - | - | - | + | - | - | - | - | - | - | - | - | - | - | **7** | 18 |
| 4 Fields C (D) | ? | + | + | + | + | + | + | + | + | + | + | + | + | + | **93** | 82 |
| 5 McCrery J (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 6 Baker R (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 7 Hayes J (R) | - | - | ? | + | ? | ? | ? | - | - | - | ? | - | - | - | **7** | 45 |
| **MAINE** | | | | | | | | | | | | | | | | |
| 1 Longley J (R) | - | - | - | + | - | - | ? | - | - | - | - | + | - | - | **14** | 9 |
| 2 Baldacci J (D) | + | + | + | + | + | - | + | + | + | - | - | + | + | - | **71** | 100 |
| **MARYLAND** | | | | | | | | | | | | | | | | |
| 1 Gilchrest W (R) | - | - | - | - | - | + | - | - | - | - | - | + | - | + | **21** | 18 |
| 2 Ehrlich R (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| 3 Cardin B (D) | + | + | + | + | + | - | + | + | + | - | - | + | - | + | **71** | 100 |
| 4 Wynn A (D) | + | + | + | + | + | + | + | + | + | + | - | + | + | + | **93** | 100 |
| 5 Hoyer S (D) | + | + | + | + | + | - | + | + | + | - | - | + | + | + | **79** | 91 |
| 6 Bartlett R (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 7 Cummings E (D) | X | + | + | + | + | + | + | + | + | + | + | X | X | X | **100** | * |
| 8 Morella C (R) | - | - | - | + | + | - | - | + | - | - | - | + | + | + | **43** | 55 |

## HOUSE

| CDF Position | 1 Y | 2 N | 3 N | 4 Y | 5 Y | 6 Y | 7 Y | 8 Y | 9 N | 10 Y | 11 N | 12 N | 13 N | 14 N | % '96 | % '95 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **MASSACHUSETTS** | | | | | | | | | | | | | | | | |
| 1 Olver J (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 100 |
| 2 Neal R (D) | ? | + | + | + | + | - | + | + | + | - | - | + | + | + | **71** | 100 |
| 3 Blute P (R) | - | + | - | + | - | - | + | - | - | - | - | + | - | + | **36** | 36 |
| 4 Frank B (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 91 |
| 5 Meehan M (D) | + | + | + | + | + | + | + | + | + | + | - | + | + | + | **93** | 91 |
| 6 Torkildsen P (R) | + | + | - | + | + | - | + | - | - | - | - | + | - | + | **50** | 45 |
| 7 Markey E (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 100 |
| 8 Kennedy J (D) | + | + | + | + | + | + | + | + | + | - | + | + | + | + | **93** | 91 |
| 9 Moakley J (D) | + | + | + | + | + | + | + | + | + | - | + | + | ? | ? | **79** | 55 |
| 10 Studds G (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 100 |
| **MICHIGAN** | | | | | | | | | | | | | | | | |
| 1 Stupak B (D) | + | + | + | + | + | + | + | + | + | - | - | + | - | - | **71** | 100 |
| 2 Hoekstra P (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 3 Ehlers V (R) | - | - | ? | - | - | - | - | - | - | - | - | + | - | - | **7** | 18 |
| 4 Camp D (R) | - | - | - | - | - | + | - | - | - | - | - | - | - | - | **7** | 9 |
| 5 Barcia J (D) | + | + | + | ? | + | + | + | + | + | - | - | + | + | - | **71** | 91 |
| 6 Upton F (R) | - | - | - | + | - | - | - | + | - | - | - | - | - | - | **14** | 18 |
| 7 Smith N (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 8 Chrysler D (R) | - | - | - | - | - | + | - | - | - | - | - | - | - | - | **7** | 0 |
| 9 Kildee D (D) | + | + | + | + | + | + | + | + | + | + | - | + | + | + | **93** | 100 |
| 10 Bonior D (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 100 |
| 11 Knollenberg J (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| 12 Levin S (D) | + | + | + | + | + | + | + | + | + | - | - | + | + | + | **86** | 100 |
| 13 Rivers L (D) | + | + | + | + | + | + | + | + | + | - | - | + | + | + | **86** | 100 |
| 14 Conyers J (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 91 |
| 15 Collins B (D) | + | + | ? | + | + | + | + | + | + | + | + | ? | + | + | **86** | 100 |
| 16 Dingell J (D) | + | + | + | + | + | + | + | + | + | + | - | + | + | - | **86** | 100 |
| **MINNESOTA** | | | | | | | | | | | | | | | | |
| 1 Gutknecht G (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| 2 Minge D (D) | + | + | + | + | + | + | + | + | + | - | - | + | - | + | **79** | 91 |
| 3 Ramstad J (R) | - | - | - | + | - | + | - | - | - | - | - | + | - | + | **29** | 0 |
| 4 Vento B (D) | + | + | + | + | + | + | + | + | + | + | - | + | + | + | **93** | 100 |
| 5 Sabo M (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 100 |

### HOUSE KEY

1 = Protections in health insurance coverage
2 = Keeping low-income housing affordable
3 = Budget resolution plan for FY 1997
4 = Increasing the minimum wage
5 = Comparable insurance coverage for mental health services
6 = Increased assistance for homeless persons through a reduction in the space program
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% '96 = Number of times voted for CDF position, divided by the total number of votes (absences during voting are computed as negative votes)
% '95 = 1995 voting rating

Y = CDF supported the measure
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\+ = Favorable
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X = Not a member at time of vote
S = Speaker of the House, votes only in rare circumstances or in the event of a tie
P = Voted *present*

D = Democrat
R = Republican
I = Independent

AL = At Large



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## HOUSE

| CDF Position | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | % '96 | % '95 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Y | N | N | Y | Y | Y | Y | Y | N | Y | N | N | N | N | | |
| 6 Luther W (D) | + | + | + | + | + | + | + | + | + | - | - | + | + | + | **86** | 91 |
| 7 Peterson C (D) | + | + | + | + | - | - | + | + | - | - | - | + | - | - | **50** | 64 |
| 8 Oberstar J (D) | + | + | + | + | + | + | + | + | + | - | + | + | + | - | **86** | 100 |
| **MISSISSIPPI** | | | | | | | | | | | | | | | | |
| 1 Wicker R (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| 2 Thompson B (D) | + | + | + | + | + | - | + | + | + | + | + | + | + | + | **93** | 100 |
| 3 Montgomery G (D) | - | + | - | - | - | - | + | + | - | - | - | - | - | - | **21** | 18 |
| 4 Parker M (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 18 |
| 5 Taylor G (D) | - | + | - | + | - | - | + | + | - | - | - | - | - | - | **29** | 36 |
| **MISSOURI** | | | | | | | | | | | | | | | | |
| 1 Clay W (D) | + | + | + | + | + | + | + | + | + | + | + | ? | + | ? | **86** | 100 |
| 2 Talent J (R) | - | - | ? | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 3 Gephardt R (D) | + | + | + | + | + | + | + | + | + | - | + | + | + | + | **93** | 100 |
| 4 Skelton I (D) | + | + | + | + | + | - | + | + | - | - | - | + | + | - | **64** | 64 |
| 5 McCarthy K (D) | + | + | + | + | + | + | + | + | + | - | - | + | + | + | **86** | 91 |
| 6 Danner P (D) | + | + | + | + | + | + | + | + | - | - | - | + | - | - | **64** | 82 |
| 7 Hancock M (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 8 Emerson B (R) | - | - | - | - | - | X | X | X | X | X | X | - | - | - | **0** | 9 |
| 9 Volkmer H (D) | + | + | + | + | + | - | + | + | + | - | - | + | + | - | **71** | 82 |
| **MONTANA** | | | | | | | | | | | | | | | | |
| AL Williams P (D) | - | + | + | + | + | + | + | + | + | + | + | + | + | - | **86** | 64 |
| **NEBRASKA** | | | | | | | | | | | | | | | | |
| 1 Bereuter D (R) | - | - | - | + | - | - | - | - | - | - | - | - | - | + | **14** | 27 |
| 2 Christensen J (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 3 Barrett B (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| **NEVADA** | | | | | | | | | | | | | | | | |
| 1 Ensign J (R) | - | - | - | + | - | + | - | - | - | - | - | - | - | - | **14** | 0 |
| 2 Vucanovich B (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| **NEW HAMPSHIRE** | | | | | | | | | | | | | | | | |
| 1 Zeliff B (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| 2 Bass C (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| **NEW JERSEY** | | | | | | | | | | | | | | | | |
| 1 Andrews R (D) | + | + | + | + | + | - | + | + | + | | | + | + | + | **79** | 55 |
| 2 LoBiondo F (R) | - | - | - | + | - | + | - | - | - | - | - | + | - | - | **21** | 18 |
| 3 Saxton J (R) | - | - | - | - | - | - | - | - | - | - | - | + | - | + | **14** | 18 |
| 4 Smith C (R) | - | - | - | + | - | + | - | - | - | - | - | - | - | + | **21** | 27 |
| 5 Roukema M (R) | + | - | - | + | + | + | - | + | + | - | - | + | ? | + | **57** | 18 |
| 6 Pallone F (D) | + | + | + | + | + | + | + | + | + | - | - | + | + | + | **86** | 91 |
| 7 Franks B (R) | + | ? | - | + | - | - | - | - | - | - | - | + | - | + | **29** | 9 |
| 8 Martini B (R) | + | + | - | + | + | + | - | - | - | - | - | - | - | + | **43** | 27 |
| 9 Torricelli R (D) | + | + | + | + | ? | ? | + | + | + | - | - | + | - | + | **64** | 82 |
| 10 Payne D (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 100 |
| 11 Frelinghuysen R (R) | + | - | - | - | - | - | - | - | - | - | - | + | - | + | **21** | 9 |
| 12 Zimmer R (R) | - | - | - | + | - | + | - | - | - | - | - | - | - | + | **21** | 9 |
| 13 Menendez R (D) | + | + | + | + | + | + | + | + | + | - | + | + | + | + | **93** | 100 |

## HOUSE

| CDF Position | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | % '96 | % '95 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Y | N | N | Y | Y | Y | Y | Y | N | Y | N | N | N | N | | |
| **NEW MEXICO** | | | | | | | | | | | | | | | | |
| 1 Schiff S (R) | - | - | - | + | ? | ? | - | ? | ? | - | - | + | + | - | **21** | 9 |
| 2 Skeen J (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| 3 Richardson B (D) | + | + | + | + | + | - | + | + | + | - | - | + | + | - | **71** | 82 |
| **NEW YORK** | | | | | | | | | | | | | | | | |
| 1 Forbes M (R) | - | + | - | + | - | - | - | ? | ? | - | - | - | - | - | **14** | 9 |
| 2 Lazio R (R) | - | - | - | + | - | + | - | - | - | - | - | - | - | + | **21** | 9 |
| 3 King P (R) | - | - | - | + | - | - | - | - | - | - | - | - | - | + | **14** | 0 |
| 4 Frisa D (R) | - | + | - | + | - | - | - | - | - | - | - | - | - | - | **14** | 9 |
| 5 Ackerman G (D) | + | + | + | + | + | + | + | + | + | - | - | + | + | + | **86** | 100 |
| 6 Flake F (D) | + | + | + | + | + | + | + | + | + | + | ? | + | + | + | **93** | 100 |
| 7 Manton T (D) | + | + | + | + | + | - | + | + | + | - | - | + | + | + | **79** | 91 |
| 8 Nadler J (D) | + | + | + | + | + | + | + | + | + | - | + | + | ? | + | **86** | 91 |
| 9 Schumer C (D) | + | + | + | + | + | ? | ? | + | + | - | + | + | + | + | **79** | 100 |
| 10 Towns E (D) | + | + | + | + | + | ? | + | + | + | + | + | + | + | + | **93** | 82 |
| 11 Owens M (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 100 |
| 12 Velazquez N (D) | + | + | + | + | + | + | + | + | + | - | + | + | + | + | **93** | 100 |
| 13 Molinari S (R) | - | ? | ? | ? | - | + | - | - | - | - | - | - | + | + | **21** | 9 |
| 14 Maloney C (D) | + | + | + | + | + | + | + | + | + | - | + | + | + | + | **93** | 100 |
| 15 Rangel C (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 100 |
| 16 Serrano J (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 100 |
| 17 Engel E (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 100 |
| 18 Lowey N (D) | + | + | + | + | + | + | + | + | + | - | - | + | + | + | **86** | 100 |
| 19 Kelly S (R) | - | - | - | + | - | + | - | - | - | - | - | - | - | - | **14** | 18 |
| 20 Gilman B (R) | - | + | + | + | + | + | - | + | - | ? | - | + | + | - | **57** | 9 |
| 21 McNulty M (D) | ? | + | + | + | + | + | + | + | + | + | + | + | + | + | **93** | 82 |
| 22 Solomon G (R) | - | - | - | + | - | - | - | - | - | - | - | - | - | - | **7** | 0 |
| 23 Boehlert S (R) | + | + | - | + | - | - | - | - | - | - | - | + | + | + | **43** | 36 |
| 24 McHugh J (R) | - | + | - | + | - | + | - | - | - | - | - | - | - | - | **21** | 9 |
| 25 Walsh J (R) | + | + | - | + | - | - | - | - | - | - | - | + | - | - | **29** | 9 |
| 26 Hinchey M (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | - | **93** | 100 |
| 27 Paxon B (R) | - | - | ? | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 28 Slaughter L (D) | + | + | + | + | + | - | + | + | + | + | + | + | + | + | **93** | 100 |
| 29 LaFalce J (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 100 |
| 30 Quinn J (R) | + | + | - | + | - | - | - | - | - | + | - | + | + | + | **50** | 27 |
| 31 Houghton A (R) | - | - | - | + | - | ? | - | - | - | - | - | + | + | + | **29** | 27 |
| **NORTH CAROLINA** | | | | | | | | | | | | | | | | |
| 1 Clayton E (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 100 |
| 2 Funderburk D (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| 3 Jones W (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| 4 Heineman F (R) | - | - | - | + | - | + | - | - | - | - | - | - | - | - | **14** | 18 |
| 5 Burr R (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| 6 Coble H (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 7 Rose C (D) | + | + | + | - | + | ? | + | + | + | + | - | + | + | - | **71** | 82 |
| 8 Hefner W (D) | + | + | + | + | + | + | + | + | + | - | - | + | - | - | **71** | 91 |
| 9 Myrick S (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 10 Ballenger C (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| 11 Taylor C (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 12 Watt M (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 100 |



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## HOUSE

| CDF Position | 1 Y | 2 N | 3 N | 4 Y | 5 Y | 6 Y | 7 Y | 8 Y | 9 N | 10 Y | 11 N | 12 N | 13 N | 14 N | % '96 | % '95 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **NORTH DAKOTA** | | | | | | | | | | | | | | | | |
| AL Pomeroy E (D) | + | + | + | + | + | + | + | + | + | | | + | + | + | **86** | 100 |
| **OHIO** | | | | | | | | | | | | | | | | |
| 1 Chabot S (R) | | | | | | | | | | | | | | | **0** | 0 |
| 2 Portman R (R) | | | | | | | | | | | | | | | **0** | 18 |
| 3 Hall T (D) | + | + | + | + | + | | + | + | + | | + | + | | + | **79** | 100 |
| 4 Oxley M (R) | | | | | | | | | | | | | | | **0** | 9 |
| 5 Gillmor P (R) | | | | + | | | | | | | | | | | **7** | 18 |
| 6 Cremeans F (R) | | | | + | | | | | | | | | | | **7** | 9 |
| 7 Hobson D (R) | | | | + | | | | | | | | | | | **7** | 9 |
| 8 Boehner J (R) | | | | | | | | | | | | | | | **0** | 9 |
| 9 Kaptur M (D) | + | + | + | + | + | + | + | + | + | | | + | | + | **79** | 91 |
| 10 Hoke M (R) | | | | + | | | | | | | | | | | **7** | 0 |
| 11 Stokes L (D) | ? | + | + | + | + | + | + | + | + | + | + | ? | ? | ? | **71** | 100 |
| 12 Kasich J (R) | | | | | | | | | | | | | | + | **7** | 0 |
| 13 Brown S (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 91 |
| 14 Sawyer T (D) | + | + | + | + | + | | + | + | + | | | + | + | + | **79** | 100 |
| 15 Pryce D (R) | | | | | | | | | | | | | | + | **7** | 9 |
| 16 Regula R (R) | | | | + | | | | | | | | | | | **7** | 9 |
| 17 Traficant J (D) | + | + | + | + | + | | + | + | | | | + | | + | **64** | 64 |
| 18 Ney B (R) | | | | + | | | | | | | | | | | **7** | 18 |
| 19 LaTourette S (R) | | | | + | | | | | | + | | | | | **14** | 18 |
| **OKLAHOMA** | | | | | | | | | | | | | | | | |
| 1 Largent S (R) | | ? | | | | | | | | | | | | | **0** | 0 |
| 2 Coburn T (R) | | | + | | | | | | | | | | | | **7** | 0 |
| 3 Brewster B (D) | + | + | + | | | | + | + | | | | | | | **36** | 36 |
| 4 Watts J (R) | | | | | | | | | | | | | | | **0** | 9 |
| 5 Istook E (R) | | | | | | | | | | | | | | | **0** | 0 |
| 6 Lucas F (R) | | | | | | | | | | | | | | | **0** | 9 |
| **OREGON** | | | | | | | | | | | | | | | | |
| 1 Furse E (D) | + | + | + | + | + | + | + | + | | | | + | + | + | **79** | 100 |
| 2 Cooley W (R) | | | | | | | | | | | | | | | **0** | 9 |
| 3 Blumenauer E (D) | X | X | X | X | + | + | + | + | + | | + | X | X | X | **86** | 100 |
| 4 DeFazio P (D) | + | + | + | + | + | + | + | + | + | + | | + | + | + | **93** | 91 |
| 5 Bunn J (R) | | | | + | + | | | + | + | | | + | + | | **43** | 36 |

## HOUSE

| CDF Position | 1 Y | 2 N | 3 N | 4 Y | 5 Y | 6 Y | 7 Y | 8 Y | 9 N | 10 Y | 11 N | 12 N | 13 N | 14 N | % '96 | % '95 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **PENNSYLVANIA** | | | | | | | | | | | | | | | | |
| 1 Foglietta T (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 100 |
| 2 Fattah C (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 100 |
| 3 Borski R (D) | + | + | + | + | + | + | + | + | + | | | + | + | + | **86** | 100 |
| 4 Klink R (D) | + | + | + | + | + | + | + | + | + | + | | + | | | **79** | 100 |
| 5 Clinger W (R) | | | | | | | | | | | | + | | | **7** | 18 |
| 6 Holden T (D) | + | + | + | + | + | + | + | + | | | | + | | | **64** | 82 |
| 7 Weldon C (R) | ? | | | + | | | | | | | | | | | **7** | 9 |
| 8 Greenwood J (R) | | | | + | | | | | | | | + | | + | **21** | 0 |
| 9 Shuster B (R) | | | | | | | | | | | | | | | **0** | 18 |
| 10 McDade J (R) | | | | + | ? | ? | ? | ? | ? | ? | ? | | | + | **14** | 18 |
| 11 Kanjorski P (D) | + | + | + | + | + | | + | + | + | | | + | | | **64** | 100 |
| 12 Murtha J (D) | + | + | + | + | + | | + | + | + | | | + | | | **64** | 100 |
| 13 Fox J (R) | | | | + | | + | | | | + | | + | | + | **36** | 0 |
| 14 Coyne W (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 100 |
| 15 McHale P (D) | + | + | + | + | + | + | + | + | | | | + | | + | **71** | 91 |
| 16 Walker R (R) | | | | | | | | | | | | | | | **0** | 0 |
| 17 Gekas G (R) | | | | | | | | | | | | | | | **0** | 0 |
| 18 Doyle M (D) | + | + | + | + | + | | + | + | | + | | + | | + | **71** | 91 |
| 19 Goodling B (R) | | | | | P | | | | | | | | | | **0** | 0 |
| 20 Mascara F (D) | + | + | + | + | + | | + | + | | | | + | | | **57** | 100 |
| 21 English P (R) | | + | + | + | ? | | | | | | | | | | **21** | 0 |
| **RHODE ISLAND** | | | | | | | | | | | | | | | | |
| 1 Kennedy P (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 91 |
| 2 Reed J (D) | + | + | + | + | + | + | + | + | + | | | + | + | + | **86** | 100 |
| **SOUTH CAROLINA** | | | | | | | | | | | | | | | | |
| 1 Sanford M (R) | | | | | | | | | | | | | + | | **7** | 0 |
| 2 Spence F (R) | | | | | | | | | | | | | | | **0** | 0 |
| 3 Graham L (R) | | | | | | | | | | | | | | | **0** | 0 |
| 4 Inglis B (R) | | | | | | | | | | | | | | | **0** | 0 |
| 5 Spratt J (D) | + | + | + | + | + | | + | + | + | | | + | | + | **71** | 91 |
| 6 Clyburn J (D) | + | + | + | + | + | | + | + | + | + | + | + | + | + | **93** | 91 |
| **SOUTH DAKOTA** | | | | | | | | | | | | | | | | |
| AL Johnson T (D) | + | + | + | + | + | + | + | + | | | | ? | | | **57** | 91 |

### HOUSE KEY

1 = Protections in health insurance coverage
2 = Keeping low-income housing affordable
3 = Budget resolution plan for FY 1997
4 = Increasing the minimum wage
5 = Comparable insurance coverage for mental health services
6 = Increased assistance for homeless persons through a reduction in the space program
7 = Expanding education and training opportunities
8 = Protecting children at the expiration of the welfare time limit
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BEST COPY AVAILABLE

## HOUSE

| CDF Position | 1 Y | 2 N | 3 N | 4 Y | 5 Y | 6 Y | 7 Y | 8 Y | 9 N | 10 Y | 11 N | 12 N | 13 N | 14 N | % '96 | % '95 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **TENNESSEE** | | | | | | | | | | | | | | | | |
| 1 Quillen J (R) | - | - | ? | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 2 Duncan J (R) | + | + | - | + | - | + | - | - | - | - | - | - | - | - | **29** | 9 |
| 3 Wamp Z (R) | - | - | - | - | - | + | - | - | - | - | - | - | - | - | **7** | 0 |
| 4 Hilleary V (R) | - | - | - | + | - | + | - | - | - | - | - | - | - | - | **14** | 0 |
| 5 Clement B (D) | + | + | + | + | + | - | + | + | + | - | - | + | - | - | **64** | 91 |
| 6 Gordon B (D) | - | + | + | + | + | - | + | + | - | - | - | + | - | - | **50** | 82 |
| 7 Bryant E (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 8 Tanner J (D) | + | + | + | + | + | - | + | + | + | - | - | - | - | - | **57** | 55 |
| 9 Ford H (D) | + | ? | + | + | + | ? | + | + | + | + | ? | + | + | + | **79** | 91 |
| **TEXAS** | | | | | | | | | | | | | | | | |
| 1 Chapman J (D) | + | + | + | + | + | - | + | + | + | - | - | ? | + | - | **64** | 73 |
| 2 Wilson C (D) | + | + | + | + | + | ? | + | + | + | - | - | + | - | - | **64** | 91 |
| 3 Johnson S (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 4 Hall R (D) | - | - | - | - | - | - | + | + | - | - | - | - | - | - | **14** | 18 |
| 5 Bryant J (D) | ? | + | + | + | + | - | + | + | + | + | - | ? | + | + | **71** | 73 |
| 6 Barton J (R) | - | - | - | - | - | - | - | - | - | - | - | - | + | - | **7** | 0 |
| 7 Archer B (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 8 Fields J (R) | - | - | - | - | - | ? | - | - | - | - | - | - | - | - | **0** | 0 |
| 9 Stockman S (R) | - | + | - | + | - | - | - | - | - | - | - | - | - | - | **14** | 0 |
| 10 Doggett L (D) | + | + | + | + | + | - | + | + | + | - | - | + | + | + | **79** | 100 |
| 11 Edwards C (D) | + | + | + | + | + | - | + | + | - | - | - | + | + | + | **71** | 82 |
| 12 Geren P (D) | + | + | - | - | - | - | + | + | - | - | - | - | - | - | **29** | 27 |
| 13 Thornberry W (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 14 Laughlin G (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 18 |
| 15 de la Garza E (D) | + | ? | + | + | + | - | + | ? | ? | + | - | ? | + | - | **50** | 91 |
| 16 Coleman R (D) | ? | + | + | + | + | ? | + | + | + | + | + | + | + | + | **86** | 100 |
| 17 Stenholm C (D) | + | + | + | - | ? | - | + | + | + | - | - | - | - | - | **43** | 73 |
| 18 Jackson Lee S (D) | + | + | + | + | + | - | + | + | + | + | + | + | + | + | **93** | 100 |
| 19 Combest L (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| 20 Gonzalez H (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 100 |
| 21 Smith L (R) | ? | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| 22 DeLay T (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 23 Bonilla H (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| 24 Frost M (D) | + | + | + | + | + | - | + | + | + | - | - | + | + | - | **71** | 91 |
| 25 Bentsen K (D) | + | + | + | + | + | - | + | + | + | - | - | + | + | + | **79** | 100 |
| 26 Armey R (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 27 Ortiz S (D) | + | + | + | + | + | - | + | + | + | + | + | + | + | - | **86** | 73 |
| 28 Tejeda F (D) | + | + | + | + | + | - | + | + | + | + | + | + | + | - | **86** | 91 |
| 29 Green G (D) | + | + | + | + | + | - | + | + | + | + | + | ? | + | - | **79** | 100 |
| 30 Johnson E (D) | + | + | + | + | + | - | + | + | + | + | + | + | + | + | **93** | 91 |
| **UTAH** | | | | | | | | | | | | | | | | |
| 1 Hansen J (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 2 Greene E (R) | - | - | - | - | - | - | - | - | - | - | - | - | + | - | **7** | 9 |
| 3 Orton B (D) | + | + | + | + | + | - | + | + | + | - | - | + | + | - | **71** | 91 |

## HOUSE

| CDF Position | 1 Y | 2 N | 3 N | 4 Y | 5 Y | 6 Y | 7 Y | 8 Y | 9 N | 10 Y | 11 N | 12 N | 13 N | 14 N | % '96 | % '95 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **VERMONT** | | | | | | | | | | | | | | | | |
| AL Sanders B (I) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 100 |
| **VIRGINIA** | | | | | | | | | | | | | | | | |
| 1 Bateman H (R) | - | - | - | - | ? | - | - | - | - | - | - | - | - | + | **7** | 9 |
| 2 Pickett O (D) | + | + | + | + | - | - | + | + | - | - | - | + | - | - | **50** | 91 |
| 3 Scott R (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 100 |
| 4 Sisisky N (D) | + | + | + | + | - | ? | + | + | - | + | - | + | - | - | **57** | 82 |
| 5 Payne L (D) | + | + | + | + | + | + | + | + | + | + | - | + | + | - | **86** | 91 |
| 6 Goodlatte R (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| 7 Bliley T (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| 8 Moran J (D) | + | + | + | + | + | - | + | + | + | + | - | + | - | + | **79** | 91 |
| 9 Boucher R (D) | + | + | + | + | + | + | + | + | + | - | - | + | + | - | **79** | 100 |
| 10 Wolf F (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | + | **0** | 18 |
| 11 Davis T (R) | - | - | - | - | - | - | - | + | - | - | - | - | - | + | **14** | 18 |
| **WASHINGTON** | | | | | | | | | | | | | | | | |
| 1 White R (R) | - | - | - | - | - | - | - | - | - | - | - | - | + | - | **7** | 9 |
| 2 Metcalf J (R) | - | - | - | + | - | - | - | - | - | - | - | - | - | - | **7** | 9 |
| 3 Smith L (R) | ? | ? | - | + | - | - | - | - | - | - | - | - | - | - | **7** | 0 |
| 4 Hastings R (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| 5 Nethercutt G (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| 6 Dicks N (D) | + | + | + | + | + | - | + | + | + | - | - | + | + | + | **79** | 100 |
| 7 McDermott J (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 91 |
| 8 Dunn J (R) | - | - | - | - | - | ? | - | - | - | - | - | - | - | - | **0** | 0 |
| 9 Tate R (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 0 |
| **WEST VIRGINIA** | | | | | | | | | | | | | | | | |
| 1 Mollohan A (D) | + | + | + | + | + | - | + | + | + | - | - | + | + | + | **79** | 100 |
| 2 Wise B (D) | + | + | + | + | + | - | + | + | + | - | - | + | + | - | **71** | 100 |
| 3 Rahall N (D) | + | + | + | + | + | + | + | + | + | - | - | + | + | + | **86** | 100 |
| **WISCONSIN** | | | | | | | | | | | | | | | | |
| 1 Neumann M (R) | - | - | - | + | - | - | - | - | - | - | - | - | - | - | **7** | 0 |
| 2 Klug S (R) | - | - | - | - | - | - | - | - | - | - | - | + | - | + | **14** | 0 |
| 3 Gunderson S (R) | - | - | - | + | - | - | - | - | - | - | ? | - | + | - | **14** | 18 |
| 4 Kleczka G (D) | + | + | + | + | + | + | + | + | - | - | - | + | + | + | **79** | 82 |
| 5 Barrett T (D) | + | + | + | + | + | + | + | + | + | + | + | + | + | + | **100** | 100 |
| 6 Petri T (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| 7 Obey D (D) | + | + | + | + | + | + | + | + | + | - | - | + | + | - | **79** | 100 |
| 8 Roth T (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| 9 Sensenbrenner F (R) | - | - | - | - | - | - | - | - | - | - | - | - | - | - | **0** | 9 |
| **WYOMING** | | | | | | | | | | | | | | | | |
| AL Cubin B (R) | - | - | - | - | ? | - | - | - | - | - | - | - | - | - | **0** | 20 |

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# One step for children

Check the voting record of your representative and senators. Thank them if they voted with children in mind; if they didn't, urge them to do better this year.

CDF Reports

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## Of Note

### Conference

**April 17-20—20th Annual Save the Children Family Child Care Conference,** in Atlanta, sponsored by Save the Children's Child Care Support Center. Call 404-885-1578 for information.

### Publications

***How and Where Communities Can Begin to Address Youth Violence,*** by Laurel Dean and Judy Wallace, lists publications and organizations that can help communities address violence among teens. $5. Available from Publications, Div. of Agriculture and Natural Resources, Univ. of California, 6701 San Pablo Ave., Oakland, CA 94608-1239; call 800-994-8849 or, in California, 510-642-2431.

***A Call for Justice: An Assessment of Access to Counsel and Quality of Representation in Delinquency Proceedings,*** by the Juvenile Justice Center of the American Bar Association's Criminal Justice Section, is a national assessment of how youths are represented in juvenile courts and what training, support, and other help practitioners need. First copy is free. Call the ABA Juvenile Justice Center, 202-662-1515; fax, 202-776-0599.

***Culture Builds Communities: A Guide to Partnership Building and Putting Culture to Work on Social Issues*** explains how to use arts and cultural resources as valuable intervention and capacity-building tools for young people. $14.95 plus $2.50 shipping and handling. To order, write Partners for Livable Communities, 1429 21st St. NW, Washington, DC 20036; call 202-887-5990; or fax 202-466-4845.

***Using the HUD Conplan Process and Federal Civil Rights Laws on Behalf of Homeless People: A Handbook*** explains the application process states must now go through to obtain funds from HUD and how local organizations can participate in and influence the process. It also provides examples of advocacy efforts, surveys the major civil rights statutes affecting housing and explains how to file complaints under them, and offers advice for service providers facing local opposition to their facilities. $15 plus $2 postage and handling, from the National Law Center on Homelessness and Poverty. Call 202-638-2535.

***HIV/AIDS and Child Care: Fact Book and Facilitator's Guide*** is a training resource for early childhood programs and child care centers; it speaks directly and honestly to parents and educators dealing with anxieties associated with HIV/AIDS. The guide discusses how to practice universal precautions and ensure that every child receives the best possible care. $12 from the National Association for the Education of Young Children. Call 800-424-2460, ext. 604, and ask for Order #708.

***Teaching Parents of Young Children,*** a new workbook from the Child Welfare League of America, lays out a developmental approach for teaching parents to understand and relate appropriately to child behavior at different ages and stages of development. $12.95. Order from CWLA c/o CSSC, PO Box 7816, 300 Raritan Center Pkwy., Edison, NJ 08818; 908-225-1900.

Children's Defense Fund

**LEAVE NO CHILD BEHIND℠**

CDF Reports

Marian Wright Edelman, President

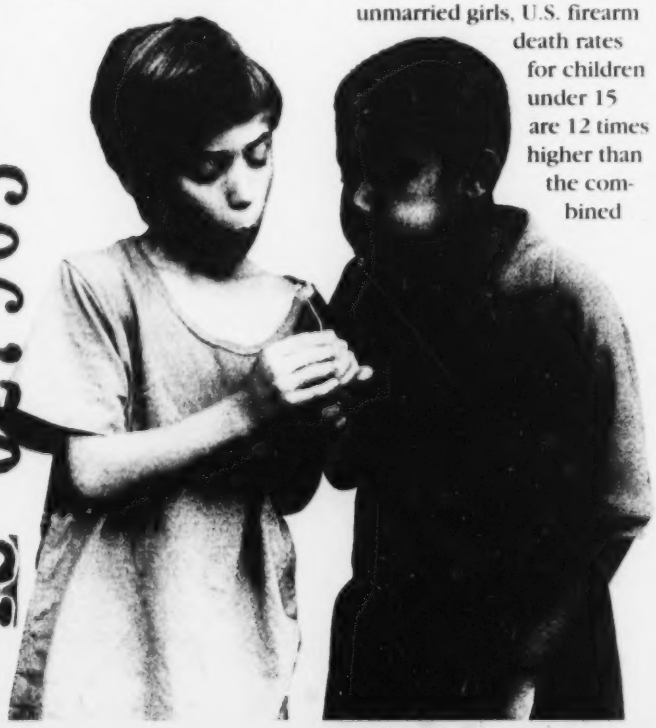
March 1997
Volume 18, Number 4

# It's time to Stand For Children

*Yearbook shows only slight progress made for children; new welfare law threatens children's well-being*

Although 1996 brought evidence of several recent improvements, the state of America's children remains precarious, according to CDF's annual analysis of children's well-being. And the nation's ability to build on recent progress is threatened on many fronts by the 1996 welfare law.

Data released in 1996 show significant improvements in teen birth rates, homicides by and of youths, child poverty, and rates of immunization against vaccine-preventable diseases. In most of these areas, however, the good news is tempered by bad news: A growing proportion of teen births are to unmarried girls, U.S. firearm death rates for children under 15 are 12 times higher than the combined rates of other industrialized countries, child poverty remains much higher than poverty among adults in the U.S. or among children in other wealthy countries, and Black babies continue to die at twice the rate of White babies.



"America's child, family, and community challenges are legion," says CDF President Marian Wright Edelman, in her introduction to *The State of America's Children Yearbook 1997*. "But they are solvable, depending on our moral choices as citizens and leaders and on our collective political will."

Among the most promising developments for children in 1996 was work in communities across the country and in a handful of states to give children a Healthy Start, a Head Start, a Fair Start, and a Safe Start in life. Massachusetts and Minnesota, for example, are extending health insurance coverage to tens of thousands of previously uninsured children. The public and private sectors in Allegheny County,

*(See page 2)*

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## It's time to Stand For Children

*(Continued from page 1)*

Pa., have teamed up to ensure that low-income children can enter school ready to learn. When Boston made violence prevention a community-wide crusade, murders of children dropped from 16 in 1993 to one in 1996. New York and Minnesota are finding that work incentives get and keep more families off the welfare rolls and out of poverty than punitive approaches—*and* they save taxpayers money. And the Los Angeles County Department of Children and Family Services has undertaken an imaginative multi-pronged approach to help families and communities keep children safe.

"Parents, communities, youth-serving groups, youths, religious congregations, and businesses are making a real difference," says Edelman, "often with the help of private foundations, much-maligned but imaginative and dedicated public officials, and well-targeted federal, state, and local initiatives."

Many harmful congressional proposals in the 1996 session did not become law; in fact, seven of eight block grants of safety net nutrition, child protection, and health programs proposed in Congress were defeated. Congress also helped lift the incomes of low-income working families by raising the minimum wage for hourly workers.

**"Parents, communities, youth-serving groups, youths, religious congregations, and businesses are making a real difference, often with the help of private foundations, much-maligned but imaginative and dedicated public officials, and well-targeted federal, state, and local initiatives."**

**The 1996 welfare law threatens to harm vulnerable children in so many different ways that recent gains may be short-lived, and already-bad conditions are likely to worsen.**

But the 1996 welfare law threatens to harm vulnerable children in so many different ways that recent gains may be short-lived, and already-bad conditions are likely to worsen. *Every family* using food stamps to help feed its children will see benefits either reduced or terminated. Child and family homelessness is likely to increase, as welfare benefit cutoffs collide with the federal government's retreat from housing assistance; and many experts expect that greater economic stress among families will place greater demands on the already-overburdened child protection system.

*The State of America's Children Yearbook 1997* reports that:

- Nearly 10 million U.S. children are uninsured—the highest number ever recorded. As more and more employers stop providing or helping pay for family coverage (and, in some cases, *any* coverage) for workers, the number of children lacking private health insurance has been growing by 1.2 million a year. If recent trends continue, four in 10 children will be without private insurance in 2000 (see also Special Report, page 5).
- Thanks to increased parental, provider, federal, state, and local efforts and to the Vaccines for Children program, 75 percent of 2-year-olds were fully immunized in mid-1995, and rates of all vaccine-preventable diseases (except pertussis) among children under 5 declined by nearly two-fifths from 1993 to 1996.
- The economic recovery since 1989 has benefited primarily better-off families and those without children. Although a slight decrease in child poverty finally

*(See page 14)*

## 20 key facts about American children

| | |
|---|---|
| **1 in 2** | preschoolers has a mother in the labor force. |
| **1 in 2** | will live with a single parent at some point in childhood. |
| **1 in 2** | never completes a single year of college. |
| **1 in 3** | is born to unmarried parents. |
| **1 in 4** | is born poor. |
| **1 in 4** | is born to a mother who did not graduate from high school. |
| **1 in 5** | is born to a mother who did not receive prenatal care in the first three months of pregnancy. |
| **1 in 5** | lives in a family receiving food stamps. |
| **1 in 5** | is poor today. |
| **1 in 6** | has a foreign-born mother. |
| **1 in 7** | has no health insurance. |
| **1 in 7** | has a worker in the family but still is poor. |
| **1 in 8** | is born to a teen mother. |
| **1 in 8** | never graduates from high school. |
| **1 in 9** | is born into a family living at less than half the poverty level ($6,079 for a family of three in 1995). |
| **1 in 12** | has a disability. |
| **1 in 14** | was born at low birthweight. |
| **1 in 21** | is born to a mother who received late or no prenatal care. |
| **1 in 25** | lives with neither parent. |
| **1 in 610** | will be killed by a gun before age 20. |

Source: *The State of America's Children Yearbook 1997.*

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*CDF Reports* (ISSN: 0276-6531) is published monthly by the Children's Defense Fund, 25 E Street NW, Washington, DC 20001, 202-628-8787. Year subscription rate: $29.95. For change of address, please include your old mailing label with your new address. Write to the managing editor for permission to reprint any part of this publication. The Charles H. Revson Foundation provides support for all CDF publications.

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# A Voice for Children

*by Marian Wright Edelman*

## Maintaining the momentum

Eight months after hundreds of thousands of children's advocates poured into Washington, D.C., to participate in Stand For Children, the largest demonstration for children in American history, activists in communities across America are living up to their pledge to ensure that the needs of society's most vulnerable citizens remain a permanent priority.

Since the gathering at the Lincoln Memorial on June 1, 1996, local organizers have formed 170 Children's Action Teams (CATs) in 38 states, and there is a renewed sense of urgency about children's needs. More and more people are beginning to question why—in the world's richest nation—so many children are sick or dying unnecessarily, and they are mobilizing to ensure that children are protected from violence, preventable diseases, and unfair laws.

"People are offended," says Bill Hager, a CAT leader from Maine's York County. Hager doesn't mince words when talking about why more than 2,000 people from the Pine Tree State traveled by bus to Stand For Children in 1996, and what they're planning to do for the 1997 mobilization, Stand For Healthy Children (see page 17). "People are mad because they see children who don't have health care, and it's wrong. They see babies who die, and they're ticked off."

**Stand For Children 1996 was the beginning... We are going to grow and keep pushing forward until... no one will dare hurt children again.**

So the good folks in Maine have been meeting regularly in their respective counties to figure out ways to better children's lives. The Penobscot and Piscataquis Counties CAT, for example, is creating a resource directory of organizations working with or on behalf of children in the two-county area. Other county CATs are concentrating on raising awareness about children's needs. "Sometimes our greatest success is getting people in the community to smile at teenagers, or helping a community to realize that no town should be without a playground," notes Hager.

Other CATs have been equally busy. The Delaware CAT, for example, has worked hard to create a speakers' bureau and is organizing Child Watches—which take community leaders to see children's needs firsthand—to improve awareness between decision-makers and advocates. "We want to make sure that, as laws are passed, children are always considered," says Vivian Young, who chairs Stand For Children in Delaware.

Vivian is right. We need government to act responsibly toward children, but we can't afford to sit and wait for that to happen. With increasingly difficult crises confronting our children daily, we must take the initiative *now* and work together in our communities to improve children's lives.

Stand For Children 1996 was the beginning, not the culmination, of the children's movement to Leave No Child Behind. We are going to grow and keep pushing forward to make progress until we reach a point where no one will dare hurt children again. And we will keep at it until every one of our community, religious, business, and political leaders becomes part of the solution rather than part of the problem our children face.

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# Welfare repeal strains states' already-weak child care investments

The new welfare rules requiring parents to work will place huge demands on the nation's already-inadequate child care and early education system. Unless states increase their investments in early care significantly—and a new CDF report finds several indications that they may not—poor working parents and those trying to get off welfare will find it even harder to find and afford supportive child care for their children.

Safe and stable child care enables parents to go to work knowing their children are in good hands. Good-quality child care and early education programs also prepare children for school and successful futures. But, according to CDF's report *Who Cares? State Commitment to Child Care and Early Education*, states invest relatively little in these crucial family supports and have a long way to go to meet the challenges of the 1996 welfare law.

The new welfare rules let states require all parents receiving cash assistance to work within a maximum of two years, but also let states exempt parents with children under 1 year old. Although the new Temporary Assistance for Needy Families Act added some child care funds, the report says, there is not enough money to help the millions of families that will need child care if they are to move from welfare to work. In addition, the already-meager child care help for low-income working families fighting to stay off welfare is in even greater jeopardy.

"We're already seeing low-income people struggling to work stacking up on waiting lists for child care assistance," says Judy Watts, president of Agenda for Children. Watts' group is a statewide advocacy organization in Louisiana—one of 10 states that rank lowest in per-child investments in child care and early education (see chart, at right). "Parents are having to compromise on quality, and when a parent has to work at night, or has an infant or a child with special needs, it is virtually impossible to find center care.

"The new welfare law seriously exacerbates the problem," says Watts, "because there will be a lot more people with very little money needing child care. Also, there has been almost no attention at all given to school-age children who are left at home alone because there are no centers to care for them."

*Who Cares?* says that in 1994, 29 states invested less than 50 cents out of every $100 of state tax revenues in child care and early education, and that in *every* state these investments lagged far behind other state priorities.

"States that fail to invest adequate resources in child care and early education will jeopardize parents' ability to work, children's development, and the strength of their future work force," says Gina Adams, the report's co-author and CDF's senior child care policy associate. "State officials argued for a welfare block grant by saying that they could do a better job of helping working families if they were given more responsibility and flexibility. Now it is time for them to stand behind their promises."

By measuring public funds that states received through their own actions—state funds, federal funds that states had to match, and federal funds that states could choose to allocate to child care and early education or to other purposes—CDF's report ranks each state's level of commitment to child care and early education. The report also found:

- Although investments in quality child care and early education can reduce future crime and violence, two-thirds of all states spent more than 10 times as much on prisons and corrections as on child care and early education services.
- Eight of the states with the highest child poverty rates—Alabama, Arizona, Arkansas, Louisiana, Mississippi, Montana, New Mexico, and South Dakota—were among the bottom third of states in their levels of commitment to child care and early education.

Twenty states failed even to invest enough state matching funds to draw down all of the federal child care funds available to them in 1994. This raises particular concern for the future because, under the new welfare law, states will have to invest more of their own dollars to draw in all of the available new federal matching funds.

*To obtain a copy of* Who Cares? State Commitment to Child Care and Early Education, *send $5.95, plus $2 shipping and handling, to CDF Publications, 25 E Street, NW, Washington, DC, 20001, or call 202-662-3652.*

## State investments in child care and early education: best and worst states

| Bottom 10 | | Top 10 | |
|---|---|---|---|
| 50. | Mississippi | 1. | Alaska |
| 49. | South Dakota | 2. | Vermont |
| 48. | North Dakota | 3. | Massachusetts |
| 47. | Montana | 4. | Illinois |
| 46. | Idaho | 5. | California |
| 45. | Nevada | 6. | New York |
| 44. | Louisiana | 7. | Kentucky |
| 43. | Wyoming | 8. | Oklahoma |
| 42. | Alabama | 9. | Hawaii |
| 41. | Indiana | 10. | Florida |

Note: Funds included are state dollars. Local funds are included for the few states that reported them as part of their totals. The District of Columbia is not included.

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# A Healthy Start

## People from all walks of life say children need insurance

Alice and Glenn Dominick live in Montgomery, N.Y., with their four children: Nicole, 12, Jimmy, 7, Matthew, 3, and Joseph, 1. Glenn works 40 hours a week as a government employee, while Alice stays at home to care for Joseph, who was born with congenital heart disease, has had open heart surgery, and now needs constant attention.

The family has access to health insurance through Glenn's employer, but given all the other demands on its budget, it cannot afford the $190 monthly premiums. Medicaid covers Joseph, because of his disability. Medicaid also covers Matthew, under the provision covering children younger than 6 if they live in a family whose income is below 133 percent of the poverty level. But the family's $22,000 annual income is not enough to buy private health insurance for the older children.

"We *have* to have insurance, but I have no idea how we'd survive with almost $100 less every paycheck," says Alice. "What do I not buy, food? Do I not put fuel in the [heater] so the kids will catch colds? When Joseph got sick, my husband took time off from work and we fell behind in our bills, and now we can't catch up. We're trying, but we're so far behind in our rent, it's a miracle our landlord hasn't kicked us out. My daughter would like to have a birthday party ... but I can't afford that. And I don't know what I'll do if the kids get sick."

The Dominicks' plight is not unusual. Nearly 10 million children under 18—one out of every seven—do not have health insurance during the entire year. Almost nine in 10 of them (88 percent of uninsured children) have at least one working parent. Most of these families earn too little to afford private health insurance, but too much to qualify for Medicaid. Private-sector support for family health coverage has eroded dramatically in recent years—since 1989, the number of children without private insurance has grown by an average of 1.2 million a year, or nearly 3,300 a day. And the cost of family coverage for parents whose employers don't offer health insurance is impossibly high—often $6,000 a year or more—for working families struggling just to pay for shelter, transportation to work, and food for the table.

"As Americans, we should be proud to live in a country that leads the world in health technology," says CDF President Marian Wright Edelman. "But we should be ashamed that millions of American parents who are working hard and

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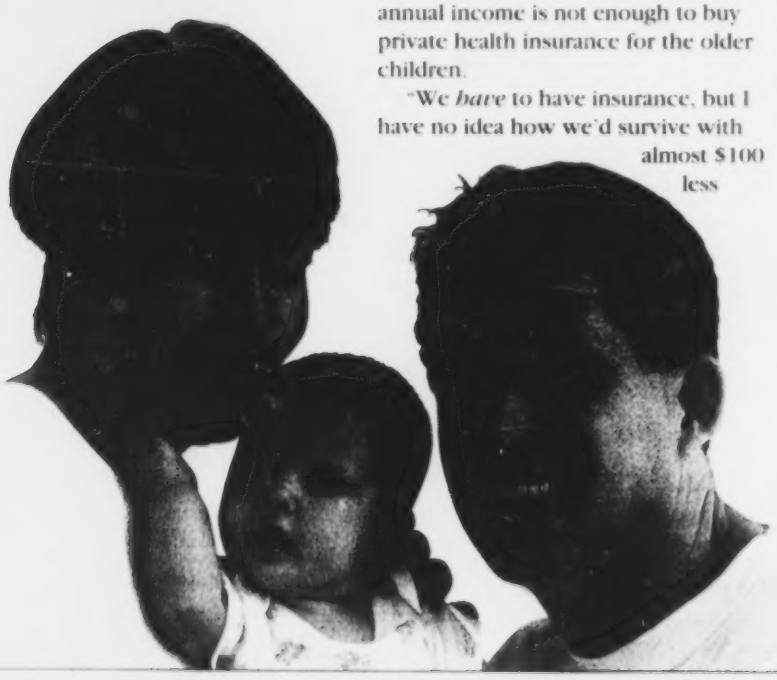

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doing the best they can have to worry about whether their children can see a doctor when they're sick or injured. Each one of us must make it our No. 1 priority to see that every child is given a Healthy Start in life."

All across the country, parents, educators, and community leaders, as well as health experts, agree that health insurance is vital to children's well-being and future success. Children with untreated health problems suffer painful ailments longer than they need to, and their simple illnesses can turn into more dangerous conditions. Children with untreated illnesses often are plagued as adults by the health problems they suffered as children. Children who are sick miss class, and may fall behind in homework, in school, and in other childhood activities. And a sick child's parents must often take time off from work to take care of him or her, sometimes losing income needed to make ends meet.

"Not having health insurance can affect a child's whole future," says CDF Health Director Stan Dorn. "If children are not able to achieve up to their full potential, it is society that ultimately will pay the price."

## Loss of preventive care

Without health insurance, children may not have access to important preventive care that allows doctors to detect such problems as anemia and lead poisoning, both of which can be remedied if caught quickly, but are damaging if left untreated.

About 25 percent of the children who visit Boston City Hospital each year don't have health insurance, says Barry Zuckerman, M.D., professor and chairman of pediatrics at Boston City Hospital and Boston University School of Medicine. Without insurance, he says, parents sometimes don't take their sick child to see a doctor until health problems worsen into emergencies that endanger the child's health and are costlier to treat. They're also less likely to have a pediatrician they can call for advice about whether their child's symptoms warrant a visit to the doctor. A prolonged fever, says Zuckerman, can turn into meningitis, or an ear infection can infect the sinuses, requiring hospitalization.

According to the 1987 National Medical Expenditure Survey (NMES), the majority of uninsured children with asthma and one-third of uninsured children with repeated ear infections never saw a doctor during the year of the survey. Many children with asthma attacks end up in the hospital, and children with untreated ear infections can suffer permanent hearing loss, says Dorn. Moderate-income working parents who do seek medical services for their uninsured children can find themselves in a deep financial hole.

## Medicaid protection key for poor children

Medicaid currently provides health care insurance for 20 million poor and near-poor children, more than half of them from working families. Children and pregnant women in families eligible for cash Aid to Families with Dependent Children (AFDC) assistance under states' August 1996 rules qualify for Medicaid, regardless of whether they are eligible for aid under the states' new Temporary Assistance to Needy Families (TANF) program. In addition, Medicaid has expanded, as a result of congressional action in the mid- to late 1980s and early 1990s, to cover far more children and pregnant women in working families that don't receive assistance but have incomes below or slightly above the federal poverty line.

As the health-care safety net, Medicaid has helped counteract some of the trend of steadily eroding private health insurance, sustaining the health of America's children and making it possible for many families to keep working rather than seek welfare; it also has enabled other families to maintain children's health coverage when parents

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## Child health coverage: best and worst states

**Percentage of children without health insurance**

| Best states | | | Worst states | | |
|---|---|---|---|---|---|
| Rank | | | Rank | | |
| 1. | Minnesota | 6.7% | 51. | New Mexico | 24.7% |
| 2. | Wisconsin | 6.8 | 50. | Texas | 22.7 |
| 3. | Vermont | 7.5 | 49. | Oklahoma | 22.6 |
| 4. | Hawaii | 8.0 | 48. | Arizona | 20.2 |
| 5. | Michigan | 8.3 | 47. | Louisiana | 19.0 |
| 6. | North Dakota | 8.7 | 46. | Arkansas | 19.0 |
| 7. | Massachusetts | 9.0 | 45. | Nevada | 18.7 |
| 8. | Nebraska | 9.1 | 44. | California | 18.3 |
| 9. | Washington | 9.3 | 43. | Mississippi | 17.7 |
| 10. | Ohio | 9.4 | 42. | Florida | 17.1 |
| 10. | South Dakota | 9.4 | | | |
| 10. | Alaska | 9.4 | | | |

Note: Percentages reflect the most recent reliable data from 1993–1995. Three years of data are averaged because of small sample sizes in many states. The full list includes the 50 states and Washington, D.C.

Source: U.S. Census Bureau, *Current Population Survey*, March 1994 through March 1996. Calculations by Children's Defense Fund.

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move off welfare into low-wage jobs. Last year, the Clinton Administration and advocates for children, seniors, and people with disabilities successfully fought efforts to block-grant Medicaid. But even in the absence of full-fledged block grant proposals, in 1997 the threat of cuts in federal funding and erosion of national guarantees remains. If federal funding is slashed, even if eligible children still are guaranteed comprehensive services, many children in working families could be dropped from Medicaid, and diminishing provider reimbursements could reduce children's access to care, says CDF General Counsel Jim Weill.

President Clinton's proposal to balance the federal budget, which he introduced to Congress in mid-February, includes $22 billion in Medicaid cuts and caps in program growth. "Medicaid's inflation rate has fallen so far, saving so much money, that it is unfair and risky to cut the program further," says Weill. "Rather than arbitrarily cutting this essential safety net program, our leaders should concentrate instead on providing health coverage for the nation's 10 million uninsured children."

### Employers can help

Eric Sklar opened his first Burrito Brothers Mexican restaurant in Washington, D.C., eight years ago. From the beginning, Sklar made health insurance available to his employees and their dependents, and paid a substantial share of the premiums—measures unusual for a small fast-food chain.

"We feel that if we're going to insure our employees, then we ought to provide family insurance," says Sklar. "It is so important for children to have insurance, because they are the ones who suffer the most when sick."

Providing health insurance for employees and their children is good business, says Sklar, who has campaigned actively for health care reform. "Employees are your cornerstone, if you want to succeed," he says. "They can't do as well on the job if they're worrying needlessly that they can't help their children because they don't have health insurance."

But even Sklar admits, "we don't do as much as we would like to do." Burrito Brothers employees and their families are eligible for health benefits after two months of service. However, parents must pay a monthly premium for family health coverage. "In a low-wage business like ours," says Sklar, "employees can't always contribute. It's tough for families to pay premiums when they're faced with a choice of putting food on the table or paying for health insurance.

"Isn't it good business," Sklar asks, "to make sure your employees don't have to call in sick because their *child* has an illness that could have been prevented early on if they had health insurance? Doing right by your employees is the only way to guarantee your success—and you'll sleep better at night, too."

Sklar believes that most small-business owners and other employers genuinely want to provide health coverage to employees and their children. "Either we fix things," he says, "or we're all going to suffer over the long run. Together, we need to try to make each other's lives better," he adds. "There's more to it than the bottom line."

## Sick children miss more school

Monday mornings typically are crowded in the school nurse's office. Children who have gotten sick or been hurt over the weekend and can't see a doctor—because their families either do not have health insurance, or have high deductibles and not enough money to pay for care, or have no coverage for preventive services and would have to pay for them out-of-pocket—rely on the school nurse to help.

"The state of school nursing is very different today," says Beverly Farquhar, a National Education Association member and former school nurse, who is now executive director of the National Association of School Nurses, in Portland, Maine. The number of low-birthweight babies has been rising since 1985, and is now at its highest level in 20 years, she points out. Many low-birthweight babies have complicated medical problems that need attention as they grow up. School nurses also see more children with asthma, allergies, and respiratory disease; drug and alcohol abuse are more prevalent; and nurses deal frequently with mental health problems such as depression, anger, and violence, she says. "Few school nurses," says Farquhar, "are prepared to assume responsibility for

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## States with the fastest erosion of private health coverage for children

| State/Jurisdiction | 1987-89* | 1993-95** | Difference |
|---|---|---|---|
| | Percent of children covered | | |
| District of Columbia | 61.5% | 42.5% | -19.0% |
| Kansas | 84.3 | 71.4 | -12.9 |
| Connecticut | 88.9 | 77.0 | -11.9 |
| New Mexico | 61.8 | 50.0 | -11.8 |
| Arizona | 71.7 | 60.6 | -11.1 |
| South Carolina | 74.4 | 63.5 | -10.9 |
| Rhode Island | 83.6 | 72.8 | -10.8 |
| North Carolina | 75.8 | 65.1 | -10.7 |
| West Virginia | 70.8 | 60.5 | -10.3 |
| California | 65.8 | 55.7 | -10.1 |

* This three-year average is used because these are the earliest years with insurance data comparable to what the Census Bureau gathers currently.

** These numbers reflect the most recent reliable data from 1993–1995. Three years of data are averaged because of small sample sizes in many states.

## Did you know?

- Nearly 10 million children in the United States—one in seven—go without health insurance during the entire year. That's the equivalent of all of the children in 20 states: Maine, New Hampshire, Vermont, Delaware, West Virginia, Kentucky, Arkansas, Oklahoma, Missouri, North Dakota, South Dakota, Montana, Idaho, Wyoming, New Mexico, Arizona, Utah, Nevada, Oregon, and Alaska.
- Nine out of 10 children (88 percent) without health insurance have a parent who works. Nearly two-thirds (64 percent) of uninsured children have a parent who works full-time and year-round.
- More than three in four (77 percent) uninsured children are White, and more than three in five (61 percent) live in two-parent families.
- Since 1989, the number of children without private health insurance has grown by an average of 1.2 million a year, or nearly 3,300 a day. If current trends continue, 12.6 million children will be uninsured by the year 2000.
- One in three uninsured children with recurring ear infections and more than half of uninsured children with asthma *never* see a physician during the year. Children with asthma attacks may end up in the hospital, and children with untreated ear infections can suffer permanent hearing loss.
- Uninsured children are 50 percent more likely to lack *any* regular source of health care.
- Nine months of prenatal care costs $1,100, while a *single day* of neonatal intensive hospital care for a low-birthweight baby (under 5 pounds, 8 ounces) costs $1,000.
- The United States ranks eighteenth among industrialized nations in overall infant mortality. Only Portugal does worse. If the U.S. infant mortality rate matched Japan's, more than 15,000 of the American babies who died before their first birthday in 1994 would have survived.

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all of these problems."

Children who are sick miss school and tend to fall behind in their classes, she says. Farquhar tells the story of Jimmy, age 7, a student at Los Angeles County Elementary School who is inattentive, listless, frequently absent, does not follow teacher directions accurately, and cannot sound out words. He is not naughty, but he is not learning. "Jimmy isn't able to learn, because he has a conductive hearing loss resulting from recurring ear infections," she says. When Jimmy gets an earache, he "can't learn because he is in too much pain." His parents both work but have no health insurance, so they rely on the school for care or go to the emergency room, which, Farquhar notes, is "the most expensive form of health care there is."

Students who miss school and fall behind often get discouraged and sometimes drop out. If a child is at risk of dropping out of school, and that is compounded by a health problem, says Farquhar, the child will have a difficult time remaining in school.

In addition to limiting school success, a lack of health insurance also can bar students from participating in sports. Athletic Director and Football Coach Jim Hellyer at Crook County High School in Prineville, Ore., says high school sports are big in his tight-knit community, but without health insurance, students aren't allowed to play. In Prineville, an active booster club and community leaders pitch in to buy seasonal insurance for student athletes otherwise uncovered. Although Hellyer never has had to turn away an uninsured student, he wonders how many youngsters in less supportive communities miss out on sports—and how many in his county don't even try out, because they're too embarrassed to acknowledge that their families can't afford health insurance.

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### Solving the problem

Making sure that children are healthy by providing them with health insurance is not hard to do, says Dorn, but this can happen only if each segment of society accepts responsibility for its share of the problem and works together to help children receive health care. "Parents should continue to use every opportunity to buy health insurance to provide care for their children," says Dorn. "Employers should preserve and, whenever possible, increase health coverage for families. And states should ensure that all eligible children are enrolled in Medicaid, and immediately adopt strong child health programs." Advocates also need to push actively for reforms at the federal

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# Get involved

*Everyone* has a role to play in ensuring that all U.S. children have health insurance. Here are some ways for parents and advocates to help improve children's health in their own communities:

- **Commit to standing for children's health.** Help every child get a Healthy Start, by making a commitment to our nation's children.
- **Join forces with others.** Find out whether there is a child advocacy group in your state or city that you can join or support. In conjunction with Stand For Children Day in 1996, many concerned groups and individuals around the country formed ongoing Children's Action Teams (CATs) to work in their own communities for children. Call 202-234-0095 to find out whether there is a CAT in your area.
- **Stay informed.** Keep up with national developments by signing up for CDF's e-mail alerts (send your name, address, phone, fax, e-mail address, and the name of your representative in the U.S. House to: John Aravosis, CDF, 25 E St. NW, Washington, DC 20001; fax: 202-662-3540; or e-mail: cdfupdate@childrensdefense.org), and regularly check CDF's Web site on the Internet: http://www.childrensdefense.org.
- **Stand for children's health.** In preparation for Stand For Children Day on June 1, 1997 (see page 17), thousands of communities and CATs are organizing state and local events that will focus on children's health. Get involved in planning events in your community to educate others about the need for health insurance for children.
- **Audit your community's commitment to children's health.** With your community group or CAT, identify the liabilities in your community that keep children from receiving health care—such as uninsuredness among working families or the absence of doctors or a public or school-based health clinic. Next, list assets that make it easier for children and families to meet their health needs, such as health clinics that keep their doors open on Saturday mornings and after 5 p.m. on weekdays. Then figure out ways to strengthen your assets and turn your liabilities into positive resources that will make your community a healthier place for children.
- **Urge employers to take action.** If you're an employer, provide and pay for family coverage. If you do not run your workplace, urge the owners or directors to provide and pay for family coverage.
- **Spread the word.** Educate your legislators by writing letters to the editor of your local newspaper and to radio and TV news directors about children's needs, and urge your neighbors, friends, and relatives to write about why children need health insurance. Be sure to include anecdotes about children in your community who do not have health insurance. Bolster your statements with facts about the number of uninsured children in your state (see January 1997 *CDF Reports* or check CDF's Web site).
- **Involve your congregation, civic groups, and social clubs.** Make health insurance for children your group's mission for action this year. Civic and social groups could invite a local pediatrician or nurse from a school or health clinic or emergency room to speak about children's need for insurance. Religious groups can contact CDF's Religious Affairs Division at 202-662-3589, for information about how to take part in the sixth annual National Observance of Children's Sabbaths, October 17–19, 1997, which will focus on children's health.
- **Take community leaders to sites where children receive health care.** One way to draw attention to the health care needs of children in your community is to show local leaders firsthand the problems of uninsured children and families. You could take community leaders on a tour of a health clinic, a hospital emergency room, or a neonatal intensive care unit, to show them what uninsured families go through when their children have health problems, and to demonstrate the ultimate cost to society when babies are born at low birthweight.

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level, as well as in their own states and communities.

Advocates, he says, must make health insurance for children their top priority this year. Advocates can improve children's health by getting involved in their own communities, writing letters to the editor, meeting with legislators, sponsoring community forums, and participating in Stand For Children on June 1 (see above for more ways to get involved).

When talking to policy makers about the need for health insurance for children of moderate-income working parents, says Dorn, it is vital that you frame your message carefully ahead of time (see page 10).

For her part, Alice Dominick is counting on Congress to help children of working parents get health insurance (see page 11 for a summary of proposed federal legislation), and she's planning to fight for her children every chance she gets. "It's so unfair," says Dominick. "Because we're middle-class Americans, that's where it ends, we don't get any help. Congress needs to wake up, if they're planning on getting re-elected. We're talking about little children who have faith in the system. Nobody is going to support Congress, unless they learn to give more for these kids."



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# Spreading the message

Convincing policy makers and the public that all children need health insurance requires careful crafting of your message. The following tips are based on CDF's research and various focus groups of parents.

- **Less is more.** Don't overload people with information.

- **Convey data in ways that people can understand.** Many people don't understand percentages and rates. Explaining that one in seven U.S. children does not have health insurance is more effective than saying 14 percent of all children don't have health insurance.

- **Discuss the unfairness.** Many people do not realize that working families that play by the rules are the ones most often getting squeezed out of health care. It is imperative to mention that 90 percent of uninsured children have at least one *working* parent.

- **Talk about consequences.** For example, children without health insurance often go without treatment for ear infections and asthma attacks. Uninsured children often are not diagnosed as needing eyeglasses, or are in pain from untreated dental or other health problems, which impairs their ability to perform well in school and become productive adults.

- **Use everyday stories.** Talk about real children. But avoid anecdotes that sound sensational, such as the death of both parents leaving a child uninsured. These situations are perceived as too far removed from everyday life.

- **Tap into economic insecurities.** Many people are concerned about the fact that health costs are rising, even as employers are paying a shrinking share of family coverage. Remind people who do have health insurance that their circumstances could change at any time.

- **Put responsibility where it belongs.** Explain that children's lack of health insurance isn't the result of parents' irresponsibility. Many working parents have jobs that provide no employee or dependent coverage, or offer it only with unaffordable premiums. For low-income working parents, just paying for rent, utilities, food, child care, and transportation to work is a challenge. Many parents who have limited skills or who live in economically depressed areas have few job opportunities; they may not be able to find jobs that provide greater health benefits.

- **Highlight solutions.** Make it clear that there are viable solutions. A handful of states have adopted good programs that help working parents afford health insurance for their children. Because there are many possible ways to insure more children, there's plenty of opportunity to build consensus. Many people like the idea of providing parents with vouchers to buy private health insurance for their children, rather than tax credits. Some want to assure health coverage but do not want to raise taxes or increase the deficit. They may like the idea of tapping into defense moneys, or "corporate welfare" spending.

- **Dispel myths.** Often, people think that children who lack health insurance have access to health care through free health clinics and emergency rooms. They don't realize that children using those facilities may not get the kind of preventive or basic primary care that will keep problems from recurring. Others think that every community has free health clinics to care for uninsured children, when actually small cities and rural communities may have no health clinics. Still others believe that children are resilient and can bounce back from a childhood without health care. In reality, an unhealthy child who never develops properly is more likely to become an unhealthy adult.

- **Define the government's role.** It's common for people to say they do not want a government-run health system, but they do believe government should help working families afford insurance for their children.

- **Reassure doubters.** Explain that insuring children will not affect the health care of already-insured Americans, or their ability to choose their own doctors.

- **Advocate incremental change.** Significant steps have been taken recently to improve health coverage for people changing jobs, and for those with "pre-existing" medical conditions. Explain that insuring all children is the next incremental step in improving our health care system.

- **Define terms.** When discussing children's services, such as Medicaid, be very clear about who is covered and what the service does.

- **Use the experts.** Local parents, pediatricians, nurses, and children's advocates all are good spokespersons.

- **Remind people that everyone has a role.** While parents have primary responsibility for the health and well-being of their children, everyone has a role to play. Employers and, when necessary, the state and federal government have responsibility, as well, to ensure that parents who work and are doing the best they can to care for their families don't have to risk their children's health.

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# Proposed federal child health legislation

A number of proposals designed to improve children's access to health insurance have been or soon will be introduced into Congress. Here is a brief look at the leading proposals that were being discussed in mid-February:

• **Kennedy-Kerry bill (S. 2186 in 1996, sponsored by Sen. Ted Kennedy [D-MA] and Sen. John Kerry [D-MA]. Kennedy and Kerry have indicated they will introduce substantially the same bill in early 1997).** Would provide federal grants to states for vouchers that low- to moderate-income families could use to help buy private health insurance for uninsured children through age 18 and for pregnant women. Full-premium subsidies would be available for uninsured children and pregnant women in families with incomes of up to 185 percent of the federal poverty line ($28,860 a year for a family of four) and subsidies then would drop on a sliding scale as income rose to 300 percent of poverty. Families could use vouchers to enroll in private health plans contracting with the state. Such plans would be required to offer comprehensive benefits to covered children. Assistance would be guaranteed to eligible children and pregnant women. States would be required to maintain current Medicaid eligibility standards for pregnant women and children, and those children and pregnant women eligible for Medicaid could not receive assistance under the new program. Costs of the program would be covered by raising tobacco taxes and cutting corporate tax breaks.

• **Daschle bill (S. 13, sponsored by Sen. Tom Daschle [D-SD] and other senators).** Would establish tax credits to help families buy private health insurance for uninsured children, initially through age 14, with coverage of children ages 15 to 18 gradually phased in through the year 2002. Such credits would pay for 90 percent of insurance premiums for families with incomes of up to 200 percent of poverty ($31,200 a year for a family of four). The tax credit gradually would fall to 10 percent of premium costs as income rose to 300 percent of poverty, then stay at 10 percent until family income reached $75,000 a year. Families with higher incomes could not receive tax credits. Credits could be used to enroll either in employer-sponsored insurance covering children or in other private health plans certified by state insurance commissioners as providing comprehensive benefits and meeting certain other requirements. States would be required to maintain current Medicaid eligibility for children, and children eligible for Medicaid could not receive tax credits under the new program. Children would have to be uninsured for 12 months before qualifying for assistance, except where health coverage ended because a parent lost employment, a family left Medicaid, or there were other circumstances clearly unrelated to business decisions to drop coverage in response to available tax credits. For pregnant women, the bill would authorize funding to states for outreach and insurance coverage.

• **Specter bill (S. 24, sponsored by Sen. Arlen Specter [R-PA]).** Would provide federal grants to states for vouchers that families could use to help buy private health insurance for uninsured children under age 18. Full-premium subsidies would be available for uninsured children in families with incomes up to 185 percent of the poverty line. Families earning more than 235 percent of poverty (that is, earning more than $36,660 for a family of four) would not be eligible. Families would use vouchers to enroll in private health plans covering children. States would be required to maintain current Medicaid eligibility for children, and children eligible for Medicaid could not receive assistance under the new program. While the bill does not provide insurance coverage for pregnant women, it does authorize funding to states for programs to combat infant mortality. According to Specter, these subsidies are funded through savings resulting from enhanced maternal and child health and other improvements in health care efficiency.

• **Stark bills (H.R. 560 and 561, sponsored by Rep. Pete Stark [D-CA]).** H.R. 560 would establish a Medicare-like program, with comprehensive benefits for children under 18 and pregnant women, and would impose tax penalties on parents who do not insure their children. An alternative, H.R. 561 would provide refundable tax credits for families' health insurance costs covering children under 21; group insurers would be required to offer comprehensive benefits, but families without access to such insurers would not have comprehensive benefits assured. Above these levels, assistance is reduced. Under either bill, maximum assistance in paying for premiums (full subsidies under H.R. 560; 95 percent subsidies under H.R. 561) would be available for families of three or fewer with incomes below $20,000 a year and families of four or more with incomes below $25,000 a year. Subsidies would phase out on a sliding scale based on annual family income of $10,000 above those levels. Under H.R. 561, families could receive up to 60 percent of their tax credits in advance.

• **Medicaid expansions.** As of mid-February, some members were discussing Medicaid expansion strategies to reach uninsured children and

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# Combining health care with other important children's services

With limited resources for children's services and budgets continuing to tighten, communities large and small are looking for ways to deliver services more efficiently. Many communities are providing health care for children hand-in-hand with such other essential services as education, literacy help, legal aid, and child care.

In Boston, for example, children waiting to see their doctors are read to and given free books to take home. Parents whose children are receiving health services also can talk with a lawyer about their housing and education needs, and matters of family law. In Commerce City, Colo., the school-based health center is one of the main sources of health care for students. And in Montgomery County, Md., a health consultant answers child care professionals' medical questions about their young charges, and helps them relay that information to parents.

"Taking the opportunity to promote children's healthy development and help the whole family at the same time is so important," says Barry Zuckerman, M.D., professor and chairman of pediatrics at Boston City Hospital and Boston University School of Medicine.

## Reading to children

Zuckerman in 1989 created the Reach Out and Read (ROAR) program at Boston City Hospital, to help at-risk children achieve literacy and school success. When children between 6 months and 5 years old are waiting to visit their doctors, community volunteers engage the children with books; as they read aloud, the volunteers model to parents how best to read to their children. In the examining room, the pediatrician or nurse introduces a culturally and developmentally appropriate book to the child and parent. When the exam is over, the child is given a new book to take home.

"Many families don't have books in their homes, or they live in neighborhoods where there are no bookstores," says Zuckerman. Since more than half of the children served by Boston City Hospital come from families with yearly incomes of less than $10,000, he says, "parents may not have discretionary income, or may not have gone far [enough] in their education [to] appreciate books or understand that reading to children makes a real difference."

Funded through private foundations, ROAR now operates at 70 sites around the country, primarily in pediatric health clinics and children's hospitals. "Ideally, in five years," says Zuckerman, "I'd like to see us giving books out of [pediatrician's offices] as routinely as immunizations."

Another Zuckerman initiative, begun in 1993, helps families with their legal needs. The Family Advocacy Project at Boston City Hospital is a unique collaboration between the hospital's pediatrics department and Greater Boston Legal Services. The project bases an attorney at the hospital to help children and families with a broad range of advocacy needs, including public benefits, housing, education, and family law matters.

## Health care at school

In the late 1970s, community leaders in Commerce City, Colo., recognized the need for health care services and, with funding from the Robert Wood Johnson Foundation, established a school-based health center for kindergartners through twelfth-graders.

"I was working and so was my husband," recalls Betty Pepin, a registered X-ray technician and mother of three, "but I had no insurance and he had only major medical coverage at the time, and the kids always seemed to get sick right before payday." So Pepin, along with many other Adams County parents, began taking her children to the new health center, based in the hallway of an unused elementary school. Nurses visited the other schools in the district during the day. Parents paid for services provided at each visit. Although limited, the services were a boon to a city with no health care.

Today, the center continues to thrive. It has moved into a school-linked health center building adjacent to the city's main high school, has been renamed Commerce City Community Health Services (CHS), and has instituted a sliding fee scale, charging parents according to their ability to pay. About 70 percent of CHS's funding now comes from city and state grants, Mile High United Way, corporations, in-kind donations, school contracts, and private foundations; only 30 percent comes from patient fees, private insurance, and Medicaid. "Children need school-based health care to remain healthy," says Pepin, who is now executive director of CHS, "and good health is essential to better learning."

The amount of care CHS is able to provide also has increased. CHS staff treats minor and routine illnesses, gives lab tests, physical exams, and immunizations, and offers health education and counseling. Advice and consultation are available 24 hours a day, year-round. In 1994, CHS had

*(See page 13)*

### Combining health care with other important children's services

*(Continued from page 12)*

4,411 visits, from patients ranging from newborns to 21-year-olds—up from 2,084 visits in 1993.

### Healthy child care

Every day, the professionals who care for the 25,000 children in 360 child care centers and 1,600 licensed family day care homes in Montgomery County, Md., face health dilemmas with their young charges. "'What do I do with a sick child?' or 'Did I do the right thing?' are common questions," says longtime Community Health Nurse Kathy Wood.

In mid-1995, the Montgomery County Department of Health and Human Services became the first jurisdiction in the nation to join the Healthy Child Care America Campaign, which helps communities ensure that children in child care are in healthful and safe environments. Wood was hired as a part-time health consultant. While she does not provide direct health services to children in child care, Wood attends meetings of child care professionals and answers questions over the phone, providing resources and referrals when necessary.

"Most child care professionals have a background in early childhood education and not health care," says Wood, "so they are very open to a health consultant."

Wood also helps child care workers draft health or injury reports to the parents and pediatricians, and is training community health nurses to provide on-site health advice to centers that care for infants.

"These unique health care services that tie in with other important children's services are becoming more and more common," says CDF Health Director Stan Dorn. "Parents, advocates, educators, service providers, and others in the community who want what's best for children's health," he says, "may want to consider forging links among children's services to stretch their resources further and increase the ways in which they help children."

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### Proposed federal child health legislation

*(Continued from page 11)*

pregnant women at income levels above those currently required of the states by federal law, but details were not available.

- **Gramm-Nickles proposal (not yet embodied in a bill, but would be sponsored by Sen. Phil Gramm [R-TX] and Sen. Don Nickles [R-OK]).** Proposes tax deductions and tax credits for children's health insurance, along with Medical Savings Accounts (MSAs). MSAs offer health insurance, with very high deductibles (for example, $5,000 a year), that covers only catastrophic expenses, with other medical costs covered by family contributions to a tax-exempt account. These policies may be of little or no help to low- and moderate-income working families, and therefore to the vast majority of uninsured children. In addition, the senators propose taking away some or all of the current Earned Income Tax Credit (EITC) if a family does not insure its children. EITC is offered to working families with annual incomes below $28,500 for a family of four.
- **President Clinton's budget proposal (not yet embodied in a bill).** Would cover up to 5 million currently uninsured children, of whom 1 million already are slated to receive Medicaid in coming years through expansions that are part of current law. The President's proposal would increase outreach in order to insure as many as 3.1 million uninsured children eligible for Medicaid but not enrolled; retain current law provisions phasing in Medicaid coverage of poor children ages 14 to 18; provide temporary health coverage for families with recently unemployed workers; give states the option to keep children on Medicaid for 12 months even if increases in family income otherwise would make them ineligible; and authorize $750 million in annual grants to states to cover uninsured children. If recent losses in private insurance coverage continue, the President's proposal would leave more than 8 million children uninsured in the year 2000.

Of the basic approaches embodied in available proposals, the Kennedy-Kerry bill, the Specter bill, the Daschle bill, and H.R. 560 appear most promising as a means to reach all of America's uninsured children, says CDF Health Director Stan Dorn. "Either vouchers, a Medicare-type program, or a very carefully structured tax credit could work, depending on the details," says Dorn. "A properly structured Medicaid expansion could be effective, as well, although no bill embodying this basic approach has yet been introduced."

The drawback with traditional tax credits, he says, is that uninsured families must wait until the end of the year before receiving help with insurance bills, which typically are due monthly. "Even if advance payments are made available when insurance bills come due, experience shows that families are afraid to take their tax credits in advance, because they fear that a calculation error or change in circumstances could jeopardize their tax refund or make them owe taxes at the end of the year."

The real challenge for advocates learning about these proposals, says Dorn, is to keep the public focus on uninsured children rather than the minutiae of proposals. "The message members of Congress need to hear is that they will be held accountable to make good health insurance truly affordable for all 10 million uninsured children," says Dorn. "Now is the time to focus on who the uninsured children are and what they need."

### It's time to Stand For Children

*(Continued from page 2)*

has begun to show, with the number of poor children falling to 14.7 million in 1995, the child poverty rate remains almost twice that of adults (21 percent, compared with 11 percent).

• Juvenile arrests for violent crime were down 2.9 percent in 1995, after a decade of increases driven by rising rates of gun crimes. And youth homicides fell dramatically in 1994, 1995, and (early data indicate) 1996. But U.S. children under 15 die from gunfire at a rate 12 times higher than the combined rates of 25 other industrialized countries, according to the Centers for Disease Control and Prevention.

• Although three states (Georgia, Ohio, and Kentucky) have made a commitment to invest significant resources in prekindergarten or Head Start programs, the large national gap in preschool participation between 3- to 5-year-olds in high- and low-income families did not shrink between 1991 and 1996. And only one-third of the public schools in low-income neighborhoods offered prekindergarten programs, compared with 52 percent of schools in more affluent areas.

• Although the rate of teenage childbearing has been decreasing steadily since 1991, a still-growing portion of these births are to unmarried girls. In 1994, just one in four teen mothers was married. The birth rate for unmarried Black girls, however, declined in 1994, for the third consecutive year.

• U.S. high school graduation rates no longer are improving, the academic gap that separates low-income students and students of color from wealthy and White students has begun to widen after shrinking for 20 years, and U.S. students' math scores lag behind those of competitor nations. Only one in four young people in this country now gets a college education, which is increasingly essential for economic success.

• In 1995, child protection agencies investigated and confirmed the abuse or neglect of 996,000 children—more than 2,700 a day, up almost 25 percent since 1990. But a 1996 study by the U.S. Department of Health and Human Services found that child-serving professionals—teachers, doctors, child care workers, and others—believe the number of children abused or neglected in 1993 was almost triple the number reported by public agencies that year. Meanwhile, the number of children in foster care hit 468,000 in 1994, a 16 percent increase since 1990; and the number of children living with their grandparents but not their parents rose 66 percent between 1989 and 1995, to 1.5 million.

**"If America's children and future are going to be rescued from corrosive and preventable sickness, violence, poverty, ignorance, neglect, and family, moral, and community breakdown, then you are going to have to stand up with me and many others to save them."**

In her introduction to *The State of America's Children Yearbook 1997*, Edelman challenges every person and every sector of American society to take a stand for children—in everyday life and on Stand For Children Day on June 1, 1997 (see page 17).

"If America's children and future are going to be rescued from corrosive and preventable sickness, violence, poverty, ignorance, neglect, and family, moral, and community breakdown," she says, "then you are going to have to stand up with me and many others to save them."

The State of America's Children Yearbook 1997 *may be ordered from CDF Publications, 25 E Street NW, Washington, DC 20001; 202-662-3652; for $14.95 per copy plus $2 shipping.*

## Visit your representatives and senator

Congress is scheduled to take its Memorial Day recess between Friday, May 23 and Monday, June 2. Make plans now to visit with your congressional representatives and senator when they are in their home districts during that week, to discuss the health care needs of America's 10 million uninsured children, says CDF Director of Government and Community Affairs Jay Hedlund. "Children's advocates also should plan to invite members of Congress, along with state and local elected officials, to attend local Stand For Children Day events (see page 17) on June 1, 1997," says Hedlund. (For tips on how to meet effectively with policy makers, see the January 1997 *CDF Reports.*)

## Get involved in National TV Turn-off Week

Millions of families and thousands of schools, libraries, and community organizations will participate in the third annual National TV Turn-off Week, April 24–30, 1997, by leaving their television sets off for seven days. For help in organizing a TV turn-off in your community, write: TV-Free America, 1611 Connecticut Ave. NW, Suite 3A, Washington, DC 20009; call 202-887-0436; or fax 202-518-5560. A National TV Turn-off Week Organizer's Kit, with a guidebook, posters, bumper stickers, pledge cards, and an information packet, is available for $10.

# Short Takes

## Parents: Speak out on TV ratings

Parents and child advocates who think the new television ratings give too little information on which to make viewing choices for their children have a chance now to make their voices heard, says CDF Assistant General Counsel Kim Wade. For a 60-day period ending April 8, 1997, the Federal Communications Commission (FCC) welcomes comments on whether the new ratings are "acceptable."

The television industry ratings system, announced in December 1996, is similar to movie ratings, and consists of six broad categories: TV-G (appropriate for all audiences); TV-Y7 (recommended for children 7 and older); TV-Y (suitable for all children); TV-PG (parental guidance suggested); TV-14 (parents of children under 14 strongly cautioned); and TV-M (mature viewers only).

These age-based ratings, says Wade, do not give parents all of the information they need—specifically, they fail to tell why the program received the rating. Children's advocates had asked for *content-based* ratings, such as a "PG-V" rating to signal violent content, "PG-L" for bad language, and "PG-S" for sex. Such ratings would let parents make their own decisions about their children's television viewing, rather than relying on the industry's general decisions about age-appropriateness. To comment on whether the new rating system is "acceptable," contact the FCC directly by calling: 888-CALL-FCC; or e-mail: vchip@fccc.gov. (Please e-mail a copy of your message to kwade@childrensdefense.org.)

*For more information, contact Kim Wade, 202-662-3549, or the Center for Media Education, 202-628-2620.*

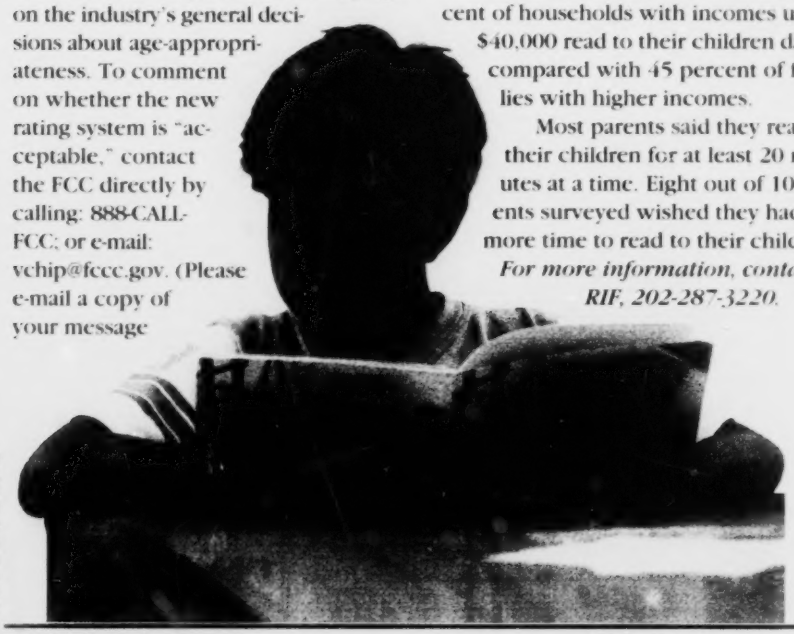

Photo © Robert Finken

## Study shows parents read more to their children

More than 75 percent of parents say they spend more time reading aloud to their children than their parents read to them, a new study says. Single parents and those with incomes under $40,000 read to their children more often than two-parent or higher-income households, according to the study, conducted by Visa and Yankelovich Partners for the nonprofit children's literacy group Reading is Fundamental (RIF).

The poll of 525 randomly selected parents of 2- to 8-year-olds nationwide indicates that "parents have gotten the message about the importance of reading to their children," says RIF president Ruth Graves. "Reading aloud in the home is a fundamental building block of children's literacy development and school success."

Slightly more than 50 percent of parents read to their children every day. More than 55 percent of single parents say they read to their children daily, compared with 45 percent of two-parent households. And more than 55 percent of households with incomes under $40,000 read to their children daily, compared with 45 percent of families with higher incomes.

Most parents said they read to their children for at least 20 minutes at a time. Eight out of 10 parents surveyed wished they had more time to read to their children.

*For more information, contact RIF, 202-287-3220.*

## Few welfare parents abuse drugs and alcohol

The common perception that welfare recipients are more likely to abuse drugs and alcohol than other parents is a false stereotype, according to a recent study by the National Institute on Alcohol Abuse and Alcoholism (NIAAA).

Analyzing data from the 1992 National Longitudinal Alcohol Epidemiologic Survey, the NIAAA study found that relatively small percentages of parents receiving Aid to Families with Dependent Children (AFDC) and other assistance, such as the Special Supplemental Food Program for Women, Infants, and Children (WIC), food stamps, Supplemental Security Income (SSI), and Medicaid, are using, abusing, or dependent on alcohol or other drugs. Their rates are consistent with the general U.S. population and those not receiving such benefits.

Although a minority of welfare recipients do abuse alcohol and drugs or are dependent upon them (3.6 percent, according to NIAAA), the study and a new report by the Substance Abuse and Mental Health Services Administration, *Alcohol and Other Drug Treatment: Policy Choices in Welfare Reform*, underscore the effectiveness of drug and substance abuse prevention, intervention, and treatment services as one means to end welfare dependency and increase welfare recipients' chances of finding and keeping jobs. Parents receiving assistance respond to drug and alcohol treatment as well as those in the general population, according to a January 1997 study commissioned by the U.S. Department of Health and Human Services (HHS), *Alcohol and Other Drug Treatment Outcomes for Parents and Welfare Recipients: Outcomes, Benefits and Costs.*

*See the NIAAA study in the October 1996* American Journal of Public Health. *For information about* Alcohol and Other Drug Treatment: Policy Choices in Welfare Reform, *call 202-783-6868. To find out about the HHS-commissioned study, fax 202-690-5514.*

# Workshops help advocates work within new welfare law

About 300 advocates from nine southern states met in Alabama in mid-January for workshops on ways to influence state policies that will determine how people move off welfare, find work, get adequate child care and health insurance, and provide better lives for children and families.

"In light of the new welfare law, we must develop plans of action that encourage states to comply with federal legislation without hurting children and families more," says **Oleta Fitzgerald,** southern regional director of the Black Community Crusade for Children (BCCC), which convened the day-and-a-half of workshops. "What people need is real welfare *reform,* not the welfare *repeal* they're being handed."

Advocates attending the meeting especially wanted information about what to write when drafting amendments to their state welfare plans, and they asked many questions about ways to increase the chances of moving parents into real jobs, and to lessen penalties on families, says CDF Family Income Director **Deborah Weinstein.**

"Many of those attending the workshops were not welfare experts and were eager to understand the new law and figure out ways they can act together to help children and families," says Weinstein. The meeting led to some practical accomplishments. One Florida official, who's in a position to make a difference, attended a session on child care and decided on the spot to increase funding to boost the quality of child care.

The multi-state workshops also allowed individuals from different states to get to know each other, and laid the groundwork for future region-wide strategies on behalf of these families, says Fitzgerald.

Representatives from Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, North and South Carolina, and Tennessee participated in the welfare workshops.

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A decade-long, bipartisan initiative by CDF–Ohio staff, Ohio Head Start leaders, and other state advocates has resulted in increased funding for Head Start that will permit the voluntary participation of every eligible child in Ohio, beginning with Fiscal Year 1997.

Ohio already serves more of its eligible children (75 percent) through Head Start than any other state, says CDF–Ohio Director **Mark Real.** Nationally, only 38 percent of children eligible for Head Start are able to take advantage of the program, which provides education, health, nutrition, and social services to preschool children in low-income families.

The recent commitment by Ohio Gov. George Voinovich to boost state funding for Head Start means that every Ohio 3- and 4-year-old who lives under the poverty line will have the chance to enter school ready to learn. Ohio also agreed in January to continue ongoing research into Head Start's effectiveness at preparing children for school.

"This groundbreaking development is a perfect example of the kind of change that advocates can bring about, when they work together in a bipartisan fashion and stay focused on their goals," says Real.

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Radio reporters, as well as other media and interested individuals, now can call toll-free to get CDF's latest news soundbites and actualities.

Members of the media may dial 800-883-5059 at any time to hear from CDF President **Marian Wright Edelman** and other experts on such topics as gun violence, health care, child care, child abuse, and welfare repeal. They also can obtain recorded excerpts from CDF press conferences and hear the most recent CDF and BCCC public service announcements.

CDF's audio line will be updated as news warrants; its use is free and unrestricted. Users from around the country also can obtain soundbites from children's advocates in their own states through the audio line.

*For more information, contact Sarah Howe, 202-662-3609.*

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**Corina Cortez** is CDF's new field director. Before joining CDF, Cortez was a senior account representative and project director for a Washington, D.C.–based labor and political consulting firm. A law school graduate, she has extensive knowledge of legislation on domestic policy issues and organizing grassroots and political campaigns.

*Corina Cortez*

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CDF's home page on the World Wide Web recently was recognized as one of the three best child advocacy sites, by *Yahoo! Internet Life* magazine. CDF's Web site earned a rating of three and a half stars, out of a possible four; also honored with this rating were the National Center for Missing and Exploited Children and UNICEF. The address of CDF's Web site is: www.childrensdefense.org.

# Stand For Healthy Children on June 1

Margaret Christopher, a stay-at-home mother of three from Poland, Ohio, knows what she'll be doing on June 1 this year. "Every child needs the chance to learn and succeed," says Christopher, "so I'll be taking a stand to improve the health and lives of children in my community."

Christopher is just one of thousands of people across the country who plan to unite locally and on the Internet on June 1, 1997, to Stand For Healthy Children. She became intensely aware of children's needs after traveling by bus with thousands of other Ohioans last June 1, for the historic Stand For Children rally at the Lincoln Memorial in Washington, D.C. The event drew nearly 300,000 people and sparked a growing children's movement (see A Voice for Children, page 3).

"I thought I *was* standing for children," says Christopher. "But I learned that it's not just about standing for your own children. It's about standing for all children."

The 1997 event will take place in local communities, focusing on what parents, educators, businesspeople, religious leaders, and others who care about children can do to ensure that every child gets a Healthy Start in life. Civil rights leader and children's champion Rosa Parks, and television talk show host and new adoptive mom Rosie O'Donnell are honorary co-chairs for Stand For Healthy Children.

"If you care about babies being born too small to live and thrive, take business, political, media, religious, and community leaders on a Health Watch tour of your hospital's neonatal unit," CDF President Marian Wright Edelman said at a mid-February news conference to kick off Stand For Healthy Children. "If you care about children dying from diseases we could prevent, organize an immunization campaign to make sure all children get the vaccinations they need. If you care about children failing in school because of untreated vision and hearing problems, organize a community forum with teachers, nurses, and pediatricians to discuss children's health needs. If you care about children's health and safety, conduct a playground clean-up or a 'safe corridors' walk against the violence that takes the lives of 5,700 children each year. And if you care about the 10 million children who don't have health insurance—90 percent of whom live in *working* families—sign the Virtual Petition for healthy children on the Internet, and hold a rally or community forum to urge leaders to ensure healthy children now." (See Special Report, page 5.)

In Youngstown, Ohio, for example, Christopher says the Children's Action Team (CAT) she heads with friend Holly Levy is organizing a three-hour funfest at the Jewish Community Center. Among other activities, 45 child-serving agencies will be recruiting volunteers, the local 4-H will give away donated bread and vegetables to promote nutrition, and children can play in a physical activity room. In Augusta, Maine, there will be an all-day rally at the state Capitol.

Complementing Stand For Children Day activities at the local level will be a "Virtual" Stand For Children on the Internet—an on-line event that will allow even more people who care about children to get involved (see box, this page). And all those who Stand For Healthy Children on June 1 are being asked to wear a green, heart-shaped button on that day, to demonstrate their commitment to the health of children, says Stand For Children Executive Director Jonah Edelman. "We want the bright-green heart button to become a well-recognized symbol of hope for children, just like the red ribbon worn by AIDS activists offers meaning to those afflicted with HIV and AIDS," he says. "Children in this country need to know that adults believe in them. We hope Stand For Children Day is a sign to young people that adults care about them, and that it inspires children and adults to unite and take long-term action to improve the health of our children."

*To receive information about this year's Stand For Healthy Children, to learn how you can organize an event for June 1, or to order green, heart-shaped buttons, contact: Stand For Children, 1834 Connecticut Ave. NW, Washington, DC 20009; 800-734-6805; fax, 202-234-0217; or e-mail, standinfo@mailback.com.*

## Take a Virtual Stand!

Demonstrate your commitment to children, May 25 through June 7, by getting on-line and visiting the Stand For Children Web site on the Internet: www.stand.org. You'll be able to:

- Sign a Virtual Petition for healthy children.
- Find out about local Stand For Children Day events.
- Get information about children's health needs and hear about those needs from children themselves.
- Learn more about how you can stand for healthy children throughout the year.
- See colorful children's illustrations of healthy children and communities.
- Connect with special guests such as television host and producer Rosie O'Donnell and civil rights leader Rosa Parks.

For more information about the Virtual Stand, call: Nalini Kotamraju, Virtual Stand For Children Producer, 202-234-0095, ext. 23; or e-mail: nalini@stand.org.



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## Necessary

*News from the Black Community Crusade for Children*

# Violence and poor education plague Black children

*Improvements in teen birth rates and homicide rates hopeful signs*

While the overall state of America's children warrants national concern, key problems facing Black children—particularly violence and the education gap—demand focused attention. And although there are some positive signs—homicide rates have dropped dramatically for three years, and teen birth rates have fallen for four years in a row—Black children remain in peril.

"These are very troubling times for Black children and youths, and that becomes startlingly clear as we look at what's happening in our neighborhoods and in our schools," says Barbara Kelley-Sease, director of the Black Community Crusade for Children (BCCC). "Gun violence and poor education are destroying young Black lives."

### The deadly role of guns

Data show that homicides of children fell dramatically in 1994 and 1995, and preliminary indications are that they fell in 1996, as well. But in the prior decade, gun deaths among young people skyrocketed nationwide as guns became easier and easier to get, according to the Children's Defense Fund's newly released book, *The State of America's Children Yearbook 1997*. Between 1984 and 1993, the number of Black children who died each year of gunfire homicides quadrupled. In 1993—the most recent year for which complete data are available—3,661 children under 20 were murdered by firearm and another 2,090 died from gun injuries—one child every hour and a half. *The State of America's Children* says. Although more than half the children who died from gunfire in 1993 were White, Black 15- to 19-year-old males suffered the greatest proportional toll. Black males age 15 to 19 are 11 times as likely as their White male counterparts to be victims of gun homicides. As gun homicides climbed in the late 1980s among Black males, so did gun suicides. At the beginning of the 1990s, the overall suicide rate for young Black males—driven by this increase in gun suicides— was up 300 percent from 1980 and for the first time surpassed the suicide rate for all 15- to 19-year-olds, *The State of America's Children* shows.

### The education gap

Far too many schools—regardless of racial makeup—are doing a poor job of preparing students for college or an increasingly demanding job market. Progress in increasing the number of young people graduating from high school has stopped, U.S. students' math scores are still below the average of their counterparts in 41 industrialized countries, and only 41 percent of 17-year-olds have reading skills that enable them to "find, understand, and explain relatively complicated information."

But, studies show, schools serving Black children are doing an even worse job of preparation. *The State of America's Children* says that Black, Hispanic and low-income children face the most watered-down curricula, the fewest basic resources, the lowest standards for student performance, and the least-qualified teachers. Well under half of the teachers in predominantly minority schools hold even bachelor's degrees in the subjects they teach, *The State of America's Children* says.

And after almost two decades of narrowing the performance gap between Black and White students, progress has halted. Between 1970 and 1988, the chasm closed by half. By 1994, the gap in science scores had widened. Black children also remain far less likely to be enrolled in college preparatory classes than White students. Nearly 60 percent of White adults have completed some college, while only 40 percent of Blacks have done so. Today's college graduates earn about twice as much as high school graduates with no college degree.

### All children can excel

While poverty, struggling families, violent neighborhoods, and drug abuse are partly to blame for the growing education gap, *The State of America's Children* says low academic expectations and shortages in financial commitment are the biggest culprits. "These conditions matter a lot, but good schools can do much to help children transcend them," it says. "Schools in some of the most desperate neighborhoods are succeeding every day, proving that poor and minority children can achieve at the highest levels, if they are taught at the highest levels. They are no less able to learn than White and more affluent students."

Schools in which more than a quarter of students are poor spent $1,392 less per student than average school spending in 1990, according to *The State of America's Children*, and schools with many poor students are far more likely to lack basic supplies, such as sufficient books.

### Wide-ranging concerns

Several other conditions among Black children warrant community concern and action. For example:

- While the birth rate in 1994 for Black unmarried teens declined for the third year in a row, it was still two times the rate among White teens.
- Only 38.7 percent of Black children live with both parents, compared with 78 percent of White children.
- More than 41 percent of Black children live below the poverty line ($15,569 per year for a family of four), compared with 16 percent of White children.
- For every 1,000 Black babies born, about 16 die before their first birthday, compared with fewer than seven White babies.

*See page 14 for information on how to order* The State of America's Children Yearbook 1997.

## Media Tips

*by Lynn Bowersox-Megginson, CDF Director of Communications*

# Getting the most for your printing dollar

Getting the word out about children's needs through your organization's publications can be costly and confusing. With many nonprofit organizations tightening—or eliminating—their publishing budgets, it is important to look at the many options available to make your publications attractive, yet economical.

Whether you contract with a freelance designer, have a design and production specialist on staff, or are a one-person operation and do the writing and designing yourself, here are a few ways to get more out of your printing dollar:

• **Preprinted color for brochures.** If you plan to produce fewer than 1,000 brochures and want something colorful and eye-catching, consider purchasing brochure shells, available through paper company catalogs such as Paper Direct or Quebl. Brochure shells are easy to use because they are preprinted with colorful borders, come in many different colors and styles, and provide plenty of space for your message. Running several hundred full-color brochures at a commercial print shop can be cost-prohibitive and can take several days to complete, while the paper companies can deliver brochure shells to you overnight, if necessary. Type to fit the brochure shell can be set on your word processor or desktop equipment, and can be printed by your laser printer or photocopier. Some brochure shells come with guides for easy hand-folding, while others may require machine-folding; ask your local copy shop about machine-folding services.

• **Save on your newsletter.** Consider asking your printer to create preprinted masters, or shells, for your newsletter. Your printer can produce a year's worth of one- or two-color masters, with the name of your newsletter on the front (the flag), your organization's logo, and any other standard graphics such as bars or rules that run along the top or bottom of the page. As with brochure shells, type is set later, to fit into the space available. With each issue of your newsletter, your printer simply imprints one color onto the color shells, saving you the cost of going on press for a two-color job for each issue.

Many nonprofits find it most economical to run their publications in two colors—black and a second color. Get the most out of using two colors by using different screen values (or shades) of color. Remember that type doesn't have to print in black. Instead, consider using dark blue or dark brown for type, as well as for photographs or other graphic elements.

Commercial printers charge each customer for washing down the press and setting it up with that customer's specified colors. However, many "quick" printers offer a special "color of the day," for a small additional cost, by keeping one press set up to run black ink plus one other color all day—perhaps with a different color every day of the week. If you plan ahead, you can take advantage of the color of the day and save money on press wash-up charges.

• **Know your commercial printer.** When producing more than 1,000 brochures or newsletters, it is wise to work with a commercial offset printer. Consult your printer for price estimates *before* the design process. Knowing what you can afford to spend on your job ahead of time will help determine your design. Your printer also can help with paper selection. Ask about the printer's "house stock"—paper your printer keeps most frequently in bulk. Using recycled paper has become more affordable and demonstrates that your organization is environmentally conscious.

The unit cost (cost per piece) of your newsletter or brochure drops as your quantity increases—the more you print, the less you pay for each piece. Ask your printer where the price breaks are and order what you need the first time you go to press, because if you run out, going back on press for more copies is costly.

Get bids from three printers on every project, and don't be afraid to negotiate the price. Don't assume that the printer that gave you the lowest bid on the last job will give you the lowest price on the next job. Also, in selecting a printer, consider more than just price. Choose the printer that will give you the quality you desire and get the job done when you need it. Further, different printers specialize in different types of jobs. Some are best suited for large runs of four-color magazines, while others are more competitive with smaller-run, two-color jobs. Not every job fits every printer.

• **Plan to save on postage.** With postage rates rising each year, take a look at the size of your publications. When you're mailing in bulk, any oversized pieces (at least 8-1/2" x 11") will cost you more to mail. By simply folding your newsletter or brochure in half, or putting the mailing label in another place, you could save money at the post office. Your postal representative (whom you can find by contacting your local post office) can help you identify cost-saving design options.

Taking your publications to the printer shouldn't mean getting taken to the cleaners. With a little forethought and creativity, your nonprofit can save valuable publishing dollars while still communicating your message about children effectively, through attractive publications.

*Janis Johnston, CDF Production Manager, contributed to this article.*

# One step for children

Organize an event in your community to Stand For Children on June 1, 1997 (see page 17).

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## Of Note

### Publications

***Reconnecting Families*** is the third in a series of publications from the Child Welfare League of America, designed to help child welfare agencies conduct comprehensive evaluations of their family reunification policies, programs, and resources. The book shows child welfare administrators how to organize staff members from all levels of their agencies into work teams to identify system strengths, recommend improvements, and carry out action plans for change. $26.95. Order from CWLA c/o CSSC, PO Box 7816, 300 Raritan Center Pkwy., Edison, NJ 08818; 908-225-1900.

***Assuring the Family's Role on the Early Intervention Team: Explaining Rights and Safeguards*** discusses the importance of explaining procedural safeguards to families and presents innovative practices that support the family's role in the early intervention process. $6 each; quantity discounts available. Contact the National Early Childhood Technical Assistance System, 500 NationsBank Pl., 137 E. Franklin St., Chapel Hill, NC 27514; 919-962-2001.

***Lessons for Lifeguards: Working with Teens When the Topic Is Hope***, by Michael A. Carrera, will inspire teachers and mentors in their work with teens and help them help young people rise above the difficult issues they face. $20. Donkey Press, PO Box 20583, New York, NY 10021-0071; 212-744-0663. For three or more, call or write for discount information.

***Realizing a Vision for Children, Families, and Neighborhoods: An Alternative to Other Modest Proposals,*** a working paper by Charles Bruner, will spur discussion of effective ways to rebuild communities that will nurture children and help them succeed. $4 prepaid, from the National Center for Service Integration, c/o the Child & Family Policy Center, 1021 Fleming Bldg., 218 Sixth Ave., Des Moines, IA 50309-4006; 515-280-9027.

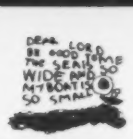
***A Legislator's Guide to Comprehensive Juvenile Justice*** is a well-written series of six four-page reports that explain effective ways to deal with juvenile crime. Each section of the guide offers examples of programs and services that work. An overview and a bibliography provide perspective and depth. $20. ISBN: 1-55516-902-5. Item #9375. Contact the National Conference of State Legislatures, 303-830-2200.

***Marketing Matters: Building an Effective Communications Program*** is designed to help professionals and organizations develop effective program materials and work with the media. Free through the National Clearinghouse on Child Abuse and Neglect Information, 800-FYI-3366.

***Making It Better: Activities for Children Living in a Stressful World*** is a new tool to help children deal with the emotional and physical effects of the stress, trauma, and violence facing children today. $16.95. Contact Redleaf Press, 450 N. Syndicate, Suite 5, St. Paul, MN 55104; 800-423-8309.

***What Governments Can Do: Hunger 1997,*** the seventh annual report on world hunger issued by Bread for the World Institute, argues that governments have crucial roles to play in reducing hunger and poverty. $17.95 plus $3 shipping and handling. For a copy, call 301-608-2400.

Stand For Children in your community on June 1, 1997




Children's Defense Fund

LEAVE NO CHILD BEHIND℠

# CDF Reports

Marian Wright Edelman, President

April 1997
Volume 18, Number 5

# FY 1998 budget proposal

*Modest help for children falls far short of what children need*

The Administration's budget proposal for Fiscal Year 1998 would bring gains for children and families in education, child support enforcement, child health, and child care, and restores some assistance for poor children cut last year. However, the budget would also cut Medicaid, ignores uninsured children, leaves some of the worst harms of the welfare law unremedied, under invests in violence prevention, and freezes child protection spending.

"Considering the families leaving welfare for work and the working parents who are struggling to make ends meet—and that both groups need quality child care and affordable health insurance—this budget is inadequate to meet the most urgent needs of America's children," says CDF General Counsel Jim Weill.

## Health

The Administration's health budget includes outreach to draw 3 million already eligible but unenrolled poor children into Medicaid. The Administration also proposes rolling back some of the Medicaid cuts in the welfare law by spending an extra $13 billion over five years on Medicaid to cover legal immigrant children, immigrant adults who become disabled after arriving in the United States, and children with disabilities who became ineligible for Supplemental Security Income (SSI) under the new law.

But the budget also makes large cuts in Medicaid and contains no broad attack on the problem of uninsured children in working families. The result would leave millions of children without health insurance while the number of uninsured children continued to grow, says CDF Health Director Stan Dorn.

Twenty-two billion dollars would be cut from Medicaid over five years, through reducing certain hospital payments by $15 billion and limiting federal spending per beneficiary through a "per capita cap." If health care costs rise faster over the next few years than the federal

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## FY 1998 budget proposal

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spending cap, which could happen easily, says Dorn, services would be cut or quality of care harmed. A large Medicaid cut is a particularly inappropriate way to reach a balanced budget because the slowdown in Medicaid growth is already projected to contribute $117 billion to deficit reduction through the year 2002.

The Administration also proposes to provide temporary health coverage for families with recently unemployed workers; give states the option to keep children on Medicaid for 12 months, even if increases in family income during that time put the family over regular eligibility limits; and give states $750 million in annual grants toward covering uninsured children.

This proposal, together with the existing Medicaid law's final phase-in of older children (14- to 18-year-olds) who are poor but not on welfare, would cover up to 5 million currently uninsured children. "But if recent losses in private insurance coverage continue, 12.6 million children would be uninsured by the year 2000," says Dorn. Even if the Administration's proposal were fully effective, says Dorn, it would leave as many as 8 million children uninsured as America begins the next century. "In addition to getting all eligible children into the Medicaid program, children also need an approach like the Hatch-Kennedy bill," says Dorn. That bill provides grants to states to make private health insurance more affordable and accessible for all uninsured children.

## Cash assistance and food stamps

One of the better pieces of news for children and families is that the Administration's budget would reverse a provision of last year's welfare law and restore SSI to eligible legal immigrant children with disabilities. While adult legal immigrants would be able to qualify for SSI only if their disability occurs after entering the United States, all legal immigrant children with qualifying disabilities (about 8,000) would be able to get this vitally needed assistance, says CDF Family Income Director Deborah Weinstein.

While the welfare law slashes $54.1 billion over six years from key safety net programs, the Administration's budget only restores $18 billion of these cuts, and adds another $3.6 billion in new money for jobs. The Temporary Assistance to Needy Families (TANF) block grant was left untouched.

The Administration's budget would change the welfare law to allow families with high housing or utility costs to qualify for more food stamps, as the elderly do now, but would put off most of this crucial and equitable change until the year 2002. The Administration also would delay the cutoff date for legal immigrants' food stamps to September of this year, rather than April. And the food stamp limitations on childless unemployed adults would be less severe.

Proposed new funding in FY 1998 also would help parents on welfare find jobs. The Administration has proposed $3 billion over three years for job placement and creation, $169 million more for employment and training programs, and $250 million for training 50,000 high school dropouts. In addition, the Administration has proposed expanded tax credits for businesses that employ low-income workers and long-term welfare recipients.

Increased emphasis on collecting child support would help more parents support their children. In FY 1998, the Administration proposes spending $2.8 billion on child support enforcement—up $51 million from FY 1997—to help states boost their collection rates.

A commitment to fully fund WIC (the Special Supplemental Food Program for Women, Infants, and Children) would allow *all* eligible children through age 6 and pregnant women to be served.

## Child care and education

The Administration's budget takes two steps forward with its early childhood investment package: a $44 million increase for the Child Care and Development Block Grant, and a $324 million increase for Head Start. In both areas, the new funds would strengthen program quality and allow additional children to be served. But given the 1996 welfare repeal, families' needs for child care and early childhood assistance far surpass what would be authorized under the proposed budget, says CDF Child Care Director Helen Blank.

Thirty-eight states already have waiting lists for child care assistance and many are considering cost-cutting policies that would severely limit families' child care choices. "In order for welfare reform to be successful," says Blank, "it is critical that increased child care funds be available both to families trying to leave welfare and low-income working families struggling to stay off welfare."

While an increase in funding for Head Start would allow more children to receive the program's valuable education, health, nutrition, and social services, the proposal backs away from

*(See page 12)*

**Proposed FY 1998 budget for selected children's programs ($ in millions)**

| | FY 1997 | FY 1998 | % Difference |
|---|---|---|---|
| Head Start | 3,981.0 | 4,300.0 | 8.0 |
| Child Care and Development Block Grant | 956.1 | 1,000.0 | 4.6 |
| Childhood Immunizations | 467.9 | 427.0 | -8.7 |
| WIC | 3,729.8 | 4,100.0 | 9.9 |
| Job Corps | 1,153.5 | 1,213.0 | 5.2 |
| Education of Children with Disabilities (IDEA) | 3,108.0 | 3,249.0 | 4.5 |
| Title I | 7,698.5 | 8,070.0 | 4.8 |
| President's Crime Prevention Council (Ounce of Prevention) | 1.5 | 9.0 | 500.0 |
| Community Schools | 12.8 | 12.8 | 0.0 |
| Social Services Block Grant | 2,500.0 | 2,380.0 | -4.8 |
| Family Preservation and Support | 240.0 | 255.0 | 6.3 |
| Child Welfare Services (Title IV-B, Subpart 1) | 292.0 | 292.0 | 0.0 |

CDF Reports

*CDF Reports* (ISSN: 0276-6531) is published monthly by the Children's Defense Fund, 25 E Street NW, Washington, DC 20001, 202-628-8787. Year subscription rate: $29.95. For change of address, please include your old mailing label with your new address. Write to the managing editor for permission to reprint any part of this publication. The Charles H. Revson Foundation provides support for all CDF publications.

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# A Voice for Children

*by CDF President Marian Wright Edelman*

## Head Start *works*

Four-year-old Joey (not his real name), a lovable, intelligent little boy from the South Bronx, N.Y., will be ready for kindergarten this fall, thanks to the La Peninsula Head Start program. But one year ago, Joey's success in the classroom would not have seemed possible.

When Joey was 3, his mother had a second baby. Shortly thereafter, Joey's grandmother, who had cared for him during the day, passed away. To make ends meet, Joey's mother, who is raising her children alone, had to give up college and go to work. Joey became very moody, was confused at times, and had fits of anger.

"I often wonder what would have happened to Joey if he weren't in Head Start," says Martha Watford, who directs La Peninsula's five Head Start programs in the South Bronx. "I know he would have been suspended as soon as he got into kindergarten, and possibly would have been placed in special education. I'm not sure anyone would have had the time to see what his potentials are."

**Let us begin working together now to...give *all* eligible children a Head Start in life.**

Instead, Watford says, Head Start has helped give Joey a sense of self-worth and "the feeling that someone cares for him and that he is not alone," which has brought out his natural creativity and inquisitiveness.

There are so many young children like Joey in the United States whose lives could be turned around if only they could get Head Start's early education, nutrition, health and social services, and support for their parents.

But right now, only slightly more than one-third of all eligible children can attend Head Start, despite the program's 32 years of strong bipartisan support and proven track record of helping children learn and stay in school, be safe and healthy, and ultimately become productive, taxpaying citizens. While some states with strong gubernatorial leadership on early childhood—Ohio, Georgia, and Kentucky, for example—are investing significant resources in prekindergarten or Head Start programs, other states invest relatively little.

Now the Administration has proposed in its budget (see story, page 1) to increase Head Start funding by $324 million in Fiscal Year 1998, allowing an additional 36,000 children to get a Head Start. The Administration says that this investment would put Head Start on track to serve an additional 1 million children by the year 2002. While every increase helps, this still would leave 1 million children *unserved*, and represents a major step back from the Administration's 1993 commitment to fully fund Head Start by FY 1999.

Head Start *works*. Research shows that children who participate in Head Start are less likely to be held back in school or be assigned to special education classes, and they tend to be healthier. Studies also show that Head Start has immediate effects on children's self-esteem, achievement, motivation, and social behavior.

The children of low-income working parents, including those leaving welfare under the 1996 welfare law, are extremely vulnerable. Their poverty or near-poverty places them at greater risk for educational failure, and they need the boost provided by *good* early education programs like Head Start.

In 1997, Congress will make important decisions on Head Start funding, and in 1998 Head Start is up for reauthorization. Let us begin working together now to bring attention to the children served by this extraordinary program, and at the same time encourage our leaders to make good on their promise to give *all* eligible children a Head Start in life.



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# Short Takes

## Studies confirm poverty a worse health risk than single-parent families

Poverty is a considerably better predictor of childhood illness than *parents' marital status or race, two recent* government studies confirm. The findings renew concerns about the health of America's 14.7 million poor children and the estimated 1.1 million children who are expected to be thrust into poverty under the new welfare law.

Researchers at the National Center for Health Statistics (NCHS) examining poverty, race, and single parenthood, found that poor children are 3.6 times more likely than affluent children to have only fair or poor health. Children in mother-only families were 2.6 times more likely to have fair or poor health than those in two-parent families—but that is largely because these children are more likely to be poor—according to *The Effects of Poverty, Race, and Family Structure on U.S. Children's Health: Data from the NHIS, 1978 through 1980 and 1989 through 1991.*

After adjusting for differences in family structure as well as race, the odds of having fair or poor health were almost three times greater for poor children than for non-poor children.

For infant mortality, too, poverty plays a greater role than single parenthood, according to a study by the Centers for Disease Control and Prevention (CDC). *Poverty and Infant Mortality: United States, 1988,* found that overall infant mortality rates were 11 percent higher among babies born to poor married women than to unmarried women whose family incomes were above the poverty line. Analyzing data from the 1988 National Maternal and Infant Health Survey (NMIHS), the study found that 12.2 babies died per 1,000 babies born to poor married mothers, compared with 11.0 deaths per 1,000 babies born to unmarried mothers who were not poor. But for women who were neither poor nor unmarried, the rate fell to 7.9 deaths per 1,000.

*For more information about the NCHS study, see the* American Journal of Public Health *(Oct. 23, 1996). The CDC study can be found in the Dec. 15, 1995,* Morbidity and Mortality Weekly Report.

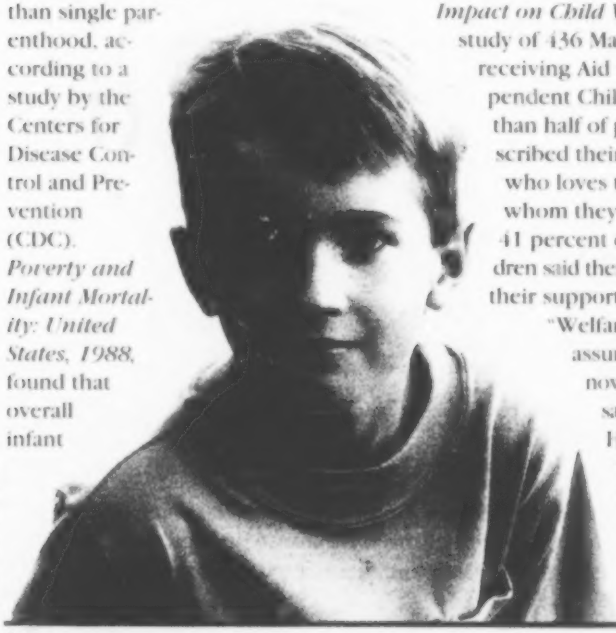

Photo © Barbara Conmes

## Fathers of children on welfare are involved in their children's lives

Seventy percent of fathers whose children receive some form of government assistance in Massachusetts had contact with their children during the past year, and 35 percent visited their children once a month or more, according to a new study by The Better Homes Fund and the University of Massachusetts Medical Center.

Of the 627 children interviewed for *Fathers of Children on Welfare: Their Impact on Child Well-Being,* a six-year study of 436 Massachusetts families receiving Aid to Families with Dependent Children (AFDC), more than half of preschoolers described their fathers as someone who loves them and someone to whom they turn for help, while 41 percent of school-aged children said their fathers are part of their support network.

"Welfare policy has always assumed that the father is nowhere to be found," says Ellen Bassuk, Better Homes Fund president. "In fact, many of these men are trying to be involved in their children's lives. Effective welfare reform ... must also consider those fathers who are ready to play an active and positive role."

*For more information, contact The Better Homes Fund, 617-964-3834.*

## Only modest progress made on national education goals

America will not reach its national education goals for the year 2000 at the current rate of progress, according to a bipartisan panel.

The education goals, developed in 1990 by the nation's governors and President Bush and put into law in 1994, call for: ensuring that all children in the United States start school ready to learn; boosting the high school graduation rate to 90 percent or higher; and ensuring that students leaving grades 4, 8, and 12 are competent in challenging subject matter.

According to the 1996 report of the National Education Goals Panel, the nation has made slim progress on four goals, no progress on five, and has lost ground on two. All of the progress made was in mathematics.

For example, the percentage of fourth- and eighth-graders who met the Goals Panel math performance standards increased between 1990 and 1992. Yet for eighth-graders, this only meant that the percentage meeting the math standard increased from 15 percent in 1990 to 21 percent in 1992—leaving 79 percent of all eighth-graders below the standard. At that rate, it will be the year 2018 before all eighth-graders meet the math standard. The Goals Panel found that:

- Between 1990 and 1995, the nation made no progress in increasing the number of young people completing high school.
- Reading achievement for fourth- and eighth-graders was unchanged between 1992 and 1994, and the percentage of high school seniors meeting their reading standard declined.
- A large gap in college enrollment and completion rates remains between White and minority students.

*For more information, contact the National Education Goals Panel, 202-632-0952.*

Special Report

# Stand For Children

## People all across the country prepare for June 1, 1997

Since the historic Stand For Children at the Lincoln Memorial on June 1, 1996—the largest demonstration for children in the nation's history—local organizers have formed more than 180 Children's Action Teams (CATs) in 39 states and the District of Columbia. People who have not traditionally advocated for children have joined in the fight to improve children's lives. And hundreds of communities have initiated long-term action for children, from volunteering to holding workshops about children's needs to writing their representatives in Congress.

Now, these same advocates and thousands of others who care about children are busy planning the second annual Stand For Children Day on June 1, 1997. Rather than one large, national Stand For Children event, this year advocates will organize smaller events in their hometowns in every state. Activities being organized range from rallies at state capitols to health and information fairs and festivals to food and clothing drives.

"For us, having Stand For Children Day in Maine will be easier," says Bill Hager, a CAT leader from York County, "because there were thousands of other people (in the state) who would have liked to come to Washington last year, but weren't able to. It will be like going to a big family reunion."

Photo © Nita Winter

### Long-term action for children

CAT leaders say Stand For Children 1996 was successful because it triggered deep feelings in people who long had wanted to make a difference for children.

"The phrase I heard time and time again," says Hager, "was, 'We have to do something. It's time.' Stand For Children 1996 proved that the commitment to children is shared and that we can do something that's never been done before. There are huge, untapped resources to make the world a better place for children, if we simply open up those doors to that interest, passion, and concern, and give people a place to put it."

Margaret Christopher agrees. "People wanted to get involved and wanted to volunteer, but a lot of times didn't know how to do that," says Christopher, a full-time mother of three who, with her best friend Holly Levy, heads the Mahoning Valley chapter of Stand For Children in Poland, Ohio. "Stand For Children is a welcoming invitation because it's open to anyone—you don't have to belong to any agency or group. And it is something that everyone can relate to because everyone knows a child and we were all children at one point."

*(See page 6)*

## Stand For Children

*(Continued from page 5)*

One of the most inspiring outgrowths of Stand For Children, says Stand For Children Executive Director Jonah Edelman, is the long-term action for children by CATs. "CATs appeal to people because they provide a way for anyone to do something concrete for children," says Jonah Edelman. "We give people ideas and tools to help children in their own communities and connect with other CATs around the country, and they take it from there."

Christine Hansen, an independent advocate for women and children who facilitates the southeastern Connecticut CAT, encompassing New London County, says the term "action" in Children's Action Team is what attracted her to Stand For Children. "We've all participated in volunteer services and many times you start off by writing a mission statement or strategic planning," says Hansen. "With Stand For Children, we've been able to do a lot more than that because our group came together with a particular value system."

**"CATs appeal to people because they provide a way for anyone to do something concrete for children. We give people ideas and tools to help children in their own communities and connect with other CATs around the country, and they take it from there."**

*—Jonah Edelman, Executive Director, Stand For Children*

Hansen's CAT, which now has 112 members with a 12-person board of directors and several committees, sponsored two candidate's forums before the 1996 election. Several members have become CASA (Court Appointed Special Advocates) volunteers, while others have testified before the state legislature on the desegregation of schools. The CAT intends to start a mentoring program this fall for young people at various local businesses.

The Mahoning Valley chapter, which meets two evenings a month, is concentrating on volunteerism. It is planning a two-hour TV and radio telethon for April 1998 to help agencies and organizations that work for children recruit community volunteers. CAT members also coordinated a candidates' forum prior to the 1996 election, and in October spoke at a local National Observance of Children's Sabbaths celebration to get religious groups thinking about ways to help children. In addition:

- The Jackson, Miss., CAT is conducting briefings to advise advocates on how to protect children and families as the 1996 welfare law is implemented. So far, the CAT has held 16 briefing sessions throughout the state.
- In North Carolina, the CAT of Vance, Granville, and Warren Counties created a tutoring program to increase student success on year-end and statewide standardized exams. The CAT also is planning summer trips for local young people.
- The Centre County CAT in Pennsylvania is raising awareness about the needs of county teens, and is working with local organizations to create a Teen Club, in which teens can socialize and participate in after-school and mentoring programs with college students.
- The CAT in Denton, Texas, is establishing a local telephone tree to inform people of legislative and policy action that warrants immediate action.
- In Ft. Myers, Fla., at least one CAT member attends every school board and county commission meeting. At each public meeting, CAT members wear green, heart-shaped "I Stand For Children" stickers.

**"Stand For Children is a welcoming invitation because it's open to anyone—you don't have to belong to any agency or group. And it is something that everyone can relate to because everyone knows a child and we were all children at one point."**

*—Margaret Christopher Co-leader, Mahoning Valley Chapter of Stand For Children, Poland, Ohio*

"We can change the world," says Hager. "But there are times when the world has to be changed because

*(See page 7)*

### Stand For Children

*(Continued from page 6)*

people want it to be changed. Sometimes leaders need to be led. Our goal is to filter in to as many people's homes and lives as possible whenever there is an issue about children, and become part of the culture so that policy makers need to respond to us."

## Standing For Healthy Children

In 1997, Stand For Children Day offers an opportunity for people all across the country to Stand For *Healthy* Children (see page 9). A Virtual Stand For Children on the Internet from May 25 through June 7 will allow even more people who care about children to get involved.

"We must have total health care for all of our children," says Jane Crowley, Ph.D., a rehabilitation psychologist at the duPont Hospital for Children in Wilmington, Del., who is a member of the New Castle County CAT. "When you see those beautiful faces when they've been maligned, when they've had illnesses that could have been prevented with immunizations, when you see children whose parents are stressed out and have abused them in some way, or children struck by neglect due to poverty, you become completely energized by... this movement."

In Pasadena, Calif., All Saints Episcopal Church is organizing a health fair in conjunction with the Pasadena Health Department, the Huntington Hospital, and Young and Healthy—a group of medical professionals who provide free medical care to Pasadena children.

The health fair will feature a series of health stations, says Rev. Dwayne Dawson, the children, youths, and families pastor at All Saints. Some stations will highlight the dangers of smoking, gun violence, and substance abuse, while others will address mental health, family violence, dental hygiene, health and recreation, medical health, healthy families, and spiritual health. At one station children will be able to receive free immunizations.

"We want parents and community leaders to walk through these stations and get a sense of all that is required to help children get a healthy start in life," says Rev. Dawson.

Photo © Rick Reinhard

*CDF President Marian Wright Edelman (center) with Mrs. Rosa Parks, mother of the civil rights movement and grandmother of the children's movement (right), national talk show host and producer Rosie O'Donnell (left), and O'Donnell's furry friend, Elmo. O'Donnell and Mrs. Parks are the honorary co-chairs of Stand For Children 1997 and received the first annual Stand For Children awards at CDF's March national conference.*

**"Our goal is to filter in to as many people's homes and lives as possible whenever there is an issue about children, and become part of the culture so that policy makers need to respond to us."**

***—Bill Hager, York County CAT leader, Biddeford, Maine***

In addition to the health fair, All Saints will hold a letter-writing campaign, which will allow participants to contact their representatives and senators, their governor, and the President. "We hope to have several computers out there that day," says Rev. Dawson, "so people may e-mail the White House and other politicians to let them know why it's important to Stand For Healthy Children."

In Ft. Myers, Fla., the CAT will take over the 7,200-seat Lee County Sports Complex on the afternoon of June 1 for a children's parade, games, immunizations, and a children's summit that will allow young people to ask questions of a panel of businesspeople, local officials, and teachers. And since June 1 is a Sunday, churches will be encouraged to ring their bells at noon in support of children.

"Children need to be recognized as people, not as pawns that people are playing [with]," says Ann DeRose, a retired school principal who is now heading the Ft. Myers CAT. "Children need health care."

*(See page 8)*



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### Stand For Children

*(Continued from page 7)*

In Augusta, Maine, there will be an all-day statewide rally at the state capitol, with people talking about children's health needs. Hager says he hopes in five or six years it will be "unthinkable" for a child to suffer hearing loss because ear infections went untreated due to lack of health insurance.

## Getting started

Everyone who cares for children is encouraged to get involved in Stand For Children, says Jonah Edelman. "Once you get started working for children," he says, "you won't want to stop."

While busy people sometimes are overwhelmed at the prospect of taking on another project, advocates say it's well worth the time and effort.

"Just do it," says Vivian Young, who was especially concerned with the 1996 welfare law and its threats to children, and now chairs Stand For Children in Delaware. "That's what happened to me. I had no idea how to get this started. So I obtained some mailing lists and started writing letters, asking people to please join me. Amazingly, they came, which says we do love our children."

**"I had no idea how to get this started. So I obtained some mailing lists and started writing letters, asking people to please join me. Amazingly, they came, which says we do love our children."**

***—Vivian Young, Chairperson, Stand For Children Delaware***

DeRose advises people to tap into their community resources—Florida has a large senior population, for example—and network. "You just reach out and touch one person," she says, "and then they touch someone else."

Christopher and Levy got their CAT started by talking to friends and to other mothers. "We tell people that children are our future," says Christopher. "If we're producing children who are positive, productive members of society, then our future is going to be better."

The main thing to remember is that June 1, 1997, is just one more step, says Hager. "We're looking at 1998, 1999, 2000, 2001, and 2002, and so on, until there is no need for Stand For Children. We'll keep going as long as it takes."

*To receive information about this year's Stand For Healthy Children Day, to learn how you can organize an event for June 1, or to order green, heart-shaped buttons or stickers, contact: Stand For Children, 1834 Connecticut Ave. NW, Washington, DC 20009; 800-663-4032; fax, 202-234-0217; or e-mail, tellstand@stand.org.*

## How to get the how-to guides

To raise awareness about children's needs and the importance of Stand For Children Day, order free Stand For Children brochures that can be distributed in your community. For help organizing a Stand For Children Day event in your community, order a free Stand For Children 1997 Organizing Kit (see also page 15). Groups that want to form Children's Action Teams (CATs), should order a CAT kit. The $20 kit includes a resource manual with tips on how to get elected officials to Stand For Children, how to use the media effectively, and how to get online; a 30-minute video with highlights from Stand For Children Day 1996 and interviews with organizers and participants; a sample customized Stand For Children T-shirt; the Stand For Children bumper sticker; and the Stand For Children button. To order any of these items, call 202-234-0095, or visit the Stand For Children Web site: www.stand.org.

## New campaign manager

Ellen Moran has been named campaign manager of Stand For Children 1997. Moran served until recently as training director for EMILY's List, a political action committee that supports women candidates.

As campaign coordinator, Moran will help raise awareness about children's needs and encourage communities to organize local events on June 1, to help focus the nation's attention on children's health.

# Focus on health

In 1997, communities participating in Stand For Children Day are encouraged to focus on children's health.

"If America's children are to grow up educated and productive, they must have a healthy start in life—with the health coverage they need to grow and thrive, healthy communities that allow them to walk safely to school, and the opportunity to learn unimpaired by untreated vision, hearing, and health problems and by violence, abuse, and neglect," CDF President Marian Wright Edelman told the more than 2,000 children's advocates attending CDF's seventeenth annual conference in mid-March.

Nearly 10 million children in America now lack health insurance coverage—that's one out of seven. Ninety percent of uninsured children live in working families. Private, employer-based health insurance has eroded rapidly over the past decade.

"It is simply wrong that children in working families in America are denied health coverage that is provided to children in every other industrialized nation," says Edelman. "And it is unconscionable that every day, 16 children die from gunfire, 8,042 children are reported abused or neglected, and 3,300 children lose private health insurance. If parents and religious, community, business, and political leaders do not act with urgency, preventable child illness, suffering, and death will increase."

Children who do not have health insurance suffer more often than others from preventable diseases. More than one-half of uninsured children with asthma never see a doctor during the year and many end up hospitalized. One-third of uninsured children with recurring ear infections do not see a doctor during the year and many suffer irreversible hearing loss.

"Child health coverage is a solvable concern that will make a difference in the lives of millions of children," says Edelman. "It is long past time for America to give every child a healthy start and we urge the President, Congress, states, and business leaders to give every child health coverage now."

Edelman urged advocates to contact their representatives and ask them to co-sponsor the Hatch-Kennedy "CHILD" (Child Health Insurance and Lower Deficits) Act, which was introduced into Congress on April 8. The bill would provide grants to states so that all of the 10 million uninsured children would have access to affordable health insurance.

For more information about uninsured children, and what you can do to help, see the March 1997 *CDF Reports*.

## Involve young people

Young people are the cornerstone of Stand For Children Day, so it is vital that they are actively involved in the planning for local June 1 events, says Stand For Children Executive Director Jonah Edelman. "Young people have the energy and creativity to contribute to local events in all sorts of ways," he says , "so they should be integrated into planning for Stand For Children Day from the very beginning. All they need is a little encouragement and direction from adults, and they will make a real difference."

Advocates, educators, religious leaders, service providers, and parents can and should encourage young people to:

- **Make decorations.** Ask children to make signs, name tags, or decorations for your event.
- **Raise awareness.** Young people can help put up signs about your event, write letters to the editor, and answer questions from the media about children's needs.
- **Raise funds.** Young people can help raise funds for your event through bake sales, car washes, dog walking, babysitting, and other activities.
- **Speak out.** Ask uninsured young people to speak at your local event, or ask them to come with you when you visit local representatives to talk about children's health needs.
- **Be involved on June 1.** On the day of your event, young people can collect signatures on petitions, hand out buttons, or staff information tables.



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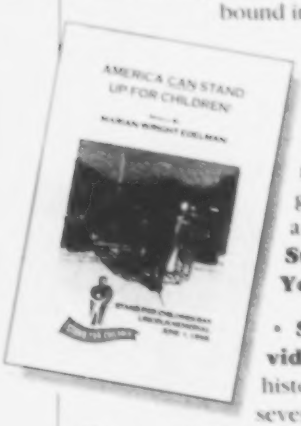
# Raise funds for your 1997 Stand For Children Day event

Commemorate the historic Stand For Children Day 1996—*and* raise funds to support your community's Stand For Children Day in 1997. The Children's Defense Fund and Stand For Children have created official commemorative products that you can buy at wholesale prices and sell locally at retail prices. Use the proceeds to help pay for the events you're planning for June 1.

• **Official Stand For Children T-shirts.** The great Stand logo in bright green and purple on white. Sizes: Adult Small, XL, and XXL. **Your cost:** $7/shirt for 48 or more shirts, in lots of 12. **Suggested retail price:** $10/shirt. **Your profit:** $3/shirt. For information on how to customize Stand For Children T-shirts for your community event, call 202-234-0095.

• **America *Can* Stand For Children.** Marian Wright Edelman's Stand For Children Day 1996 speech, bound in a pocket-size booklet. **Your cost:** $2/copy for 25 or more copies. **Suggested retail price:** $4/copy. **Your profit:** $2/copy.



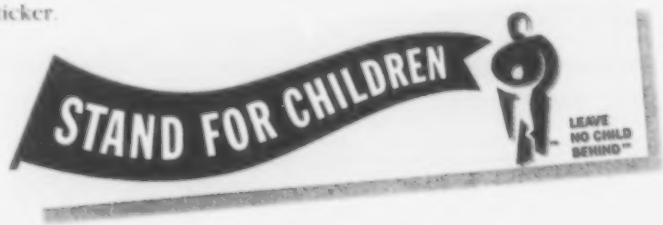

• **Stand For Children bumper stickers.** In the signature bright green and purple. **Your cost:** $.75 a sticker for 50 stickers or more. **Suggested retail price:** $2/sticker. **Your profit:** $1.25/sticker.

• **Stand For Children video.** Full coverage of the historic day, edited from CDF's seven-camera, all-day coverage. **Your cost:** $17/video for 25 or more. **Suggested retail price:** $24/video. **Your profit:** $7/video.

• **Official Stand For Children commemorative poster.** Full-color art poster featuring photos of Stand For Children Day 1996. 24" x 36". **Your cost:** $8/copy for 25 or more posters. **Suggested retail price:** $16/poster. **Your profit:** $8/poster.

• **Stand For Children buttons.** Heart-shaped buttons in can't-miss green say "I Stand For Children." **Your cost:** $.75 a button for 50 buttons or more. **Suggested retail price:** $2/button. **Your profit:** $1.25/button.

*To order, contact Orlando Bugarin at CDF Publications, 25 E Street NW, Washington, DC 20001, 202-662-3643; fax: 202-628-8333; e-mail: obugarin@childrensdefense.org.*



# Local events draw thousands for Stand For Children Day '96

Advocates planning 1997 Stand For Children events can get some good examples from the 133 local Stand For Children Day events held last year, according to Stand For Children Executive Director Jonah Edelman.

For example, the Lansing, Mich., Children's Action Team (CAT) held a statewide Stand For Children rally on the grounds of the state capitol on October 5. Those attending were asked to pledge to vote on November 5, and to volunteer their time to help children.

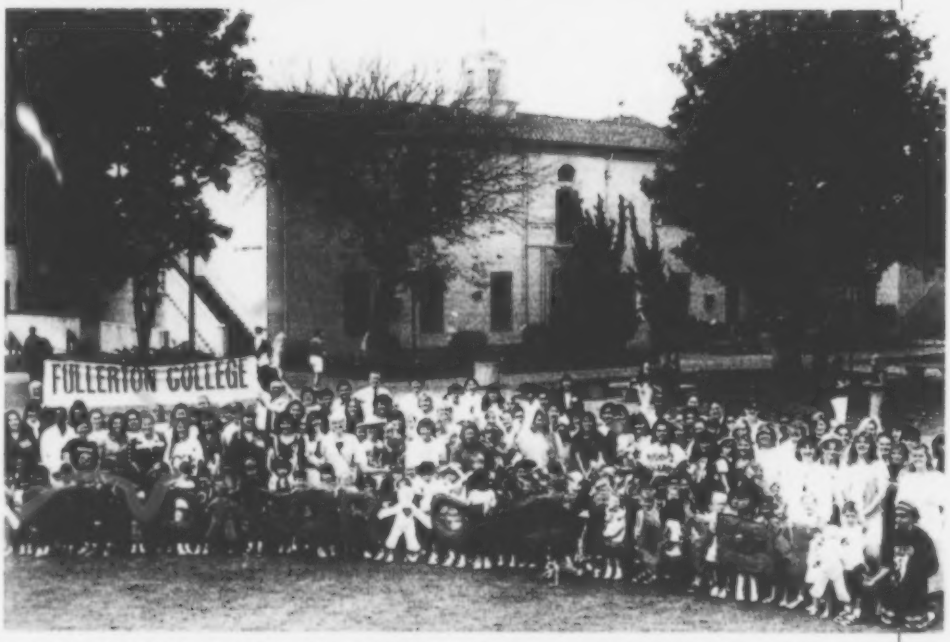
Stand For Children of Benton County in Corvallis, Ore., showcased children with speakers, choirs, dancers, and a storyteller at Central Park on June 1. Child-related organizations set up tables with information and volunteer sign-up sheets.

In Anchorage, Alaska, more than 150 people rallied in the town square June 9. The rally brought together parents, children, legislators, and child-related organizations, and included speeches, entertainment, and the distribution of forget-me-not (the Alaska state flower) seeds. Planting the seeds will remind participants of their commitment to improve children's lives.

And, on June 15, the Kansas City Stand For Children Community Action Committee hosted a parade and a letter-writing campaign to state representatives. Kansas City children designed a scroll to send to President Clinton.

More than 70 cities, communities, and states—including Orlando, Fla., Mountain View, Calif., Jackson, Miss., and Liberty, N.Y.—asked their elected officials to sign proclamations declaring June 1 Stand For Children day.

For tips on how to organize a local event for Stand For Children Day on June 1, 1997, see Field Strategies, page 15.




*Thousands of children and families attended a 1996 Stand For Children Day event at Fullerton College in Brea, Calif. (Photo courtesy of Sergio Gutierrez.)*

## CATs are nationwide

*Children's Action Teams are now in 39 states and the District of Columbia.*

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# Need help organizing? Call your Stand For Children contact

For help in mobilizing your community for Stand For Children Day on June 1, call the organizer for your state at 800-663-4032 (organizers' extensions are at the end of the list):

| | |
|---|---|
| Alabama | Giselle Lancaster |
| Alaska | Chung Seto |
| Arizona | Chung Seto |
| Arkansas | Giselle Lancaster |
| California | Eliza Leighton |
| Colorado | Chung Seto |
| Connecticut | Eliza Leighton |
| Delaware | Eliza Leighton |
| District of Columbia | Stacy Hernandez |
| Florida | Shara Kaplin |
| Georgia | Giselle Lancaster |
| Hawaii | Chung Seto |
| Idaho | Chung Seto |
| Illinois | Chung Seto |
| Indiana | Eliza Leighton |
| Iowa | Shara Kaplin |
| Kansas | Shara Kaplin |
| Kentucky | Giselle Lancaster |
| Louisiana | Giselle Lancaster |
| Maine | Eliza Leighton |
| Maryland | Eliza Leighton |
| Massachusetts | Eliza Leighton |
| Michigan | Shara Kaplin |
| Minnesota | Chung Seto |
| Mississippi | Giselle Lancaster |
| Missouri | Eliza Leighton |
| Montana | Chung Seto |
| Nebraska | Shara Kaplin |
| Nevada | Chung Seto |
| New Hampshire | Eliza Leighton |
| New Jersey | Shara Kaplin |
| New Mexico | Shara Kaplin |
| New York | Shara Kaplin |
| North Carolina | Giselle Lancaster |
| North Dakota | Shara Kaplin |
| Ohio | Chung Seto |
| Oklahoma | Chung Seto |
| Oregon | Shara Kaplin |
| Pennsylvania | Shara Kaplin |
| Rhode Island | Giselle Lancaster |
| South Carolina | Giselle Lancaster |
| South Dakota | Shara Kaplin |
| Tennessee | Giselle Lancaster |
| Texas | Stacy Hernandez |
| Utah | Eliza Leighton |
| Vermont | Eliza Leighton |
| Virginia | Giselle Lancaster |
| Washington | Chung Seto |
| West Virginia | Giselle Lancaster |
| Wisconsin | Shara Kaplin |
| Wyoming | Chung Seto |

Contact Giselle Lancaster at ext. 111, Chung Seto at ext. 115, Shara Kaplin at ext. 126, Eliza Leighton at ext. 121, and Stacy Hernandez at ext. 104.

## FY 1998 budget proposal

*(Continued from page 2)*

the Administration's earlier promise to make Head Start available to all eligible children by 1999 (see A Voice for Children, page 3).

## Child protection

In 1996, new data showed that the number of abused and neglected children had increased by two-thirds between 1986 and 1993. Yet the Administration's budget freezes all child protection programs at their FY 1997 levels, says CDF Child Welfare Director MaryLee Allen, and cuts funding for the Title XX Social Services Block Grant, which funds key portions of child protection services in many states.

One notable improvement in child welfare services in the FY 1998 budget is the increase in incentives to find adoptive families for children who are waiting for permanent homes. The Administration proposes allocating $21 million for identifying and removing barriers to adoption, supporting initiatives like decreasing caseloads for judges and caseworkers and increasing the pool of permanent families for children with special needs, as well as training and technical assistance to states to move more children to permanent adoptive families. The budget also introduces the Administration's proposal to provide bonuses to states that increase the number of children who are adopted out of foster care.

## Violence prevention

While the proposed budget numbers suggest that youth violence has climbed to the top of the Administration's priorities—with Department of Justice funding in this category nearly doubling between FY 1997 and FY 1998 to $390 million—the bulk of this money is directed to prosecution and law enforcement to "crack down" on violent young people and gangs, says CDF Assistant General Counsel Kim Wade. The primary youth violence initiatives are Prosecutorial Initiatives ($100 million), anti-truancy and delinquency intervention programs ($75 million), Violent Youth Courts ($50 million), and residential services for delinquent young people ($8 million).

After-school safe havens and other violence-prevention programs that are proven to reduce youth violence and keep children safe continue to be funded far below the modest levels set in the 1994 crime bill, says Wade. The Community Schools initiative, for example, which helps community nonprofits and schools work together to run after-school programs for children, would receive $13 million under the proposed Department of Health and Human Services budget, out of a $107 million authorization.

## Advocates must speak out

At press time, the Administration's budget proposals have not yet been embodied in a congressional budget resolution proposal or in bills, and much discussion over the Administration's initiatives is anticipated. Over the next few weeks, says CDF Director of Federal Affairs Eileen Sweeney, advocates should write to or meet with their senators and representatives to make clear that children must be helped—not hurt—in the process of balancing the budget. "Advocates should underscore that a sound budget policy requires meeting the needs of families and children," says Sweeney.

# Necessary

*News from the Black Community Crusade for Children*

## Indifference to the plight of the poor

When the Rev. James A. Forbes, senior minister of The Riverside Church in New York City and a member of the Black Community Crusade for Children Working Committee, met with President Clinton in February to discuss welfare reform, he wanted the President to know that *real* reform will require a "major shift in the spirit of our nation."

"It is now clear that in the United States there is a spreading indifference to the plight of the poor," says Forbes, who participated in the New York discussion along with Black business leaders, elected officials, church leaders, and individuals who receive public assistance. The President says he has called roundtable meetings, like the one at Riverside Church, to seek advice on how best to stave off negative effects of welfare reform.

But the New York gathering was more confrontational than cordial. "If the President was really concerned about the adverse effect of the welfare reform bill, then he should have met with us before the bill was passed," said New York State Sen. David Paterson.

Photo © Cookie Corbett

*Rev. Jim Forbes, senior minister, The Riverside Church, New York City.*

### Partnerships the key

"Instead of turning our backs on our children, the elderly, and our other at-risk brothers and sisters, we must invite them into a partnership of hope," says Forbes. Through partnerships with leaders in the business and religious communities, elected officials, academics, congregation members, and people suffering in poverty, Riverside Church plans to provide job training, create new jobs, and provide high-quality day care for those who are making the transition from welfare to work, Forbes says. The services will be offered through a program the church calls Partnership of Hope.

But many participants at The Riverside Church meeting argued that Black private-sector initiatives cannot compensate for abdicated governmental responsibility. If the President and Congress are serious about helping the poor, Forbes says, any new budget will include provisions for job creation, job training, job readiness, child care, and other support services poor people need.

### Benefits for a favored few

Forbes says that the rich are getting richer at the expense of the poor. The income of the top 5 percent of households rose 43 percent between 1979 and 1995, while less well-off families struggled. For example, the poorest four-fifths of American households lost significant income from 1989 to 1995, according to CDF's *State of America's Children Yearbook 1997*. "It is important for us to admit that we are part of an economic system that thrives off the poverty of some of God's children," he says. As a result, he adds, a "favored few" enjoy "the good life."

### Picking up the slack

President Clinton has pointed out that the economy created 11 million new jobs during his first term, and said that the Administration would attempt to duplicate that record over the next four years. And he has called on Black churches and Black businesses to be more aggressive and more creative in providing job opportunities for those on public assistance. But Earl Graves Sr., chairman and CEO of *Black Enterprise* magazine, says that "Black businesses and the Black church are already doing more than their share of picking up the slack in the wake of more than a decade of cuts in services to the urban poor by federal, state, and local governments."

Black-owned companies are more likely than other businesses to hire and train residents of urban communities, where nearly half of the nation's poor citizens live, says Graves, who also attended the February meeting with Clinton.

### Churches can help

Churches and other community-based organizations can help build ladders to participation in the economy, but federal, state, and local governments must provide a safety net, Graves says. "Too much of current and proposed legislation, including the welfare reform legislation signed by the President, is aimed at destroying the safety net," he says. "The involvement of private business in creating jobs for those on public assistance is not a substitute for government providing resources to enable and prepare them to compete for those jobs. Government cannot, and must not, abandon the role that it—and only it—can play in providing hope in the form of access to health care, education, job training, and other services. History has shown that, without these resources, efforts to help those on public assistance to become productive, self-reliant contributors to the labor force cannot succeed."

# CDF-NY helps coordinate successful Child Advocacy Day

More than 2,000 people from New York state converged in Albany on March 4 for Stand For New York's Children Child Advocacy Day—an unprecedented gathering of child advocates pushing a unified agenda for children.

The advocates, representing 85 child advocacy groups including CDF, the Children's Aid Society, and the YMCA of Greater New York, as well as 300 junior high, high school, and college students, met with 150 state senators and assembly members to urge them *not* to accept Gov. George Pataki's proposed Fiscal Year 1998 budget. The governor's budget would use the bulk of a $730 million surplus in federal funds (due to revisions in the welfare law) to fill gaps in the FY 1997 budget.

"Our message was that the money *must* be spent on children," says CDF-NY Director **Donna Lawrence,** one of the principal organizers of Stand For New York's Children Child Advocacy Day. "We now have an opportunity to give a child a doctor who knows her first name, provide a teacher to an overcrowded classroom, engage a young person's mind instead of incarcerating his body, offer safe child care to a working family, and build a floor under the feet of our poorest children that will protect them from the furthest depths of poverty. We must take this opportunity to improve the lives of children."

Lawrence says Child Advocacy Day was the first time there has been a large-scale, unified voice for children in Albany. "In the past, children's advocates have had different agendas, and we'll continue to do that to some degree," she says. "For the first time, we were able to put together a unified agenda and I know the legislators in Albany were really surprised at how many people and groups were so deeply concerned about one issue."

**Caroline Yu,** executive director of the Coalition for Asian American Children and Families, says she was pleased at how much was accomplished for children. "We were able to voice our concerns to people willing to listen," says Yu, who, along with several of her colleagues, met with Assembly Speaker **Sheldon Silver.** "The meetings opened the door for long-term relationships with legislative staff."

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Ohio's child advocates, service providers, and policy makers can help parents work and children learn by making sure families leaving welfare have access to quality child care, under a recently released blueprint by CDF-Ohio.

*Child Care: Children Learning, Families Earning,* calls upon the state to address the dual goals of education and welfare reform by improving and expanding child care services, says CDF-Ohio Director **Mark Real.** The 36-page report includes county-by-county child care data, and examines Ohio's system of early care and education.

Every day, more than 240,000 Ohio children are cared for in child care centers, and another 217,000 young children attend part-day programs such as Head Start and kindergarten.

"Ohio has made a significant commitment to improve school readiness for three- and four-year-olds living in poverty through expansion of Head Start," says Real, "which we wholeheartedly applaud. But part-day programs do not meet the needs of low- to moderate-income working parents who need help with the cost of child care."

The report offers several recommendations for how the state can further improve child care settings and help more parents work, including guaranteeing child care for families that are leaving welfare for work and those learning job skills, helping make child care affordable for struggling working poor families, maintaining health and safety inspections of child care settings, and improving parents' access to reports on child care programs. CDF also is urging Ohio to establish a Child Care Improvement Fund to increase child care quality in centers and homes serving substantial numbers of poor children, and encourage expansion of part-day programs to meet the full-day needs of working parents.

*A copy of the report is available for $5 plus shipping. Call CDF-Ohio, 614-221-2244.*

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The 24 children in the theater ministry at the People's Community Baptist Church in Montgomery County, Md., wanted to make a difference for children. This winter they raised $1,040 for CDF by selling audio tapes that help children deal with their feelings.

"We'd like for you to know that we also Stand For Children," said **Jonathan Ridguard,** 11, upon presenting a check in February to CDF President **Marian Wright Edelman.**

The gift from the children at People's Community Baptist Church will be matched dollar-for-dollar out of a $3 million grant from the Charles Stewart Mott Foundation, to support the work of the Black Community Crusade for Children (BCCC) and endow the former Alex Haley Farm. The farm is the CDF/BCCC center for spiritual renewal and character and leadership development. Black Americans also can raise money for the Mott Challenge grant through House Parties— gatherings held all across the country on the third Friday in September (September 26 in 1997)—to celebrate the spirit of self-help in the Black community.

*For more information about the Mott challenge or House Parties, call Wayne Marshall, 202-662-3676.*

## Save the date!

CDF's 1998 conference will be held March 25-28 at the Los Angeles, Calif., Convention Center.



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## Field Strategies

*by Corina Cortez, CDF Field Director*

# Event organizing 101: Stand For Children

With a little teamwork, determination, and know-how, you can create a special event in your community to celebrate Stand For Children Day on June 1 that will gain visibility for children's needs and build community support to improve children's lives. Here are some basic tips for event organizing:

**Work in teams.** Team-building is essential for a successful event. "People have their strengths and weaknesses," says Lauren Lieberman, public relations specialist at Hager Sharp, a Washington, D.C., public relations agency. "A team balances them out to make one strong unit."

Call 800-663-4032 to find out if there is a Children's Action Team (CAT) in your area. If your community has no CAT, create one! Children's advocates, service providers, neighbors, friends, relatives, educators, religious and business leaders, and members of civic and social groups all make good CAT members.

**Establish goals.** Stand For Children Day this year will be an opportunity to Stand For *Healthy* Children. Many individuals and CATs are planning events that address the health needs of local children, and the ways citizens can help.

Let your imagination be your guide when deciding what type of special event to hold—but be sure to consider the resources unique to your community, such as a large senior population that can volunteer. Consider organizing a rally, parade, or community health forum, a health fair, a neighborhood playground clean-up, or a "safe corridor" walk against violence (see Special Report, page 5).

**Create an action plan.** Brainstorm with others to come up with a list of *everything* that has to be done, step-by-step, to make your event successful. Create a planning calendar that includes deadlines for each step and assign a person to be responsible for making sure each task gets done.

**Recruit volunteers.** Find volunteers to help, because even a low-budget event needs workers to make it succeed. "Volunteers are the driving force behind any event," says Lieberman. "Dedicated volunteers usually put their hearts and souls into what they believe in, and they also pull the community in with them."

Ask everyone you know to donate their time and services. You may need volunteers who can scout event locations, design and distribute flyers, script and stage the program, coordinate media coverage, and raise funds. Don't forget to enlist the help of children and young people (see page 9).

**Estimate a budget.** Making a budget for your event will help keep you on track to make your event a success. Get firm cost estimates (based on the expected number of attendees) for any needed services that will not be donated. Be sure to budget for mailing, postage, signs, photocopying of materials, permits, and any other likely expenses.

Be creative with fundraising. Many CATs sell Stand For Children T-shirts, buttons, posters, and stickers (see page 10) to raise money. Others take up collections among businesses and religious organizations.

**Find a site.** To save money, your CAT may want to rely on a free space—a park, town square, house of worship, community center, or school gymnasium—for its Stand For Children Day event. Make sure, however, that your event is centrally located with plenty of parking, adequate restrooms, and access for people with disabilities. If you're going to use a public area, you'll likely need a permit.

Try to find a site that will be interesting for camera crews to photograph. Hang banners, posters, quilts, podium mounts, or any other materials that will carry the Stand For Children logo.

**Get the word out.** Ask volunteers to post notices about your Stand For Children event on community bulletin boards in supermarkets, senior centers, apartment complexes, businesses, and places of worship, and hand out flyers at other local events. Talk to civic and social groups and the local media about children's needs and how to Stand For Children.

To raise awareness about children's health needs and ensure greater participation in your event, it is important to:

- Develop your message. A clear, decisive message will enable the media to write and air stories that motivate people to act. For example, one key talking point about Stand For Healthy Children is that nearly 10 million children lack health insurance in the United States, and 90 percent of them live in working families. (See the January 1997 *CDF Reports* for the number of uninsured children in each state.)
- Communicate. Write a press release to send to newspaper, magazine, television, and radio reporters. Include in the press release key messages about children's health, a description of your event (date, time, place), and the names of any local personalities who will attend. Include quotes from your CAT leaders and other key organizers. Be sure to list contact names and phone numbers. Several days after faxing or mailing your release, call the reporters to answer questions and to encourage them to attend your event.

A Stand For Children Day event can celebrate the children in your community, raise public awareness, inspire a new group of children's advocates, and boost long-term activity for children for years to come. Just as last year's Stand For Children Day did nationally, Stand For Children 1997 can help jump-start a movement in your community to Leave No Child Behind.

*April Forrer, CDF Media Associate, contributed to this report.*

# One step for children

Call or write your representative and senators and urge them to co-sponsor the Hatch–Kennedy "CHILD" Act.

(see page 9)

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## Of Note

### Helpline

Pregnant women across the country now can call toll-free to obtain information on pregnancy and prenatal care in their own communities. Callers dialing 800-311-BABY will be routed automatically to their state maternal and child health hotline where they will receive prenatal advice and, in most cases, referral to health care providers. Spanish-speaking pregnant women can call 800-504-7081 for information on prenatal care. The new service is supported by the U.S. Department of Health and Human Services.

### Publications

***Community Mobilization: Strategies to Support Young Children and Their Families*** will lead you through the practical steps you need to successfully mobilize communities around children's and families' needs. $22 plus $3.50 for postage and handling. Call the Families and Work Institute Publications Department, 212-465-2044, ext. 237.

***Teen Parent Provisions in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996,*** from the Center for Law and Social Policy (CLASP), reviews aspects of the new welfare law affecting teens and teen parent families. $7.50. Contact CLASP, 1616 P Street NW, Suite 150, Washington, DC 20036, 202-328-5140.

***The 104th Congress: Less Money, Fewer Rules, More Power to the States*** is a summary by the Center for Community Change of what happened under the previous Congress to programs affecting low-income communities and a look at what might happen during the next Congress. $5. Contact Publications Department, Center for Community Change, 1000 Wisconsin Avenue NW, Washington, DC 20007, 202-342-0567.

***The Police Response to Gangs: Case Studies of Five Cities*** offers comprehensive information on the strategies five police agencies are using to fight gangs. $12.95 plus shipping and handling. Call the Police Executive Research Forum, 202-466-7820.

***Parenting Playfully: Dancing the Developmental Ladder*** is designed to help parents through the first three years of parenthood. It offers a variety of methods of caregiving for parents to develop confidence in their parenting abilities. $12.95. ISBN: 0-9646045-0-7. Contact Parent Education Program Press, 210 East Elm Street, Olean, NY 14760, 800-359-6610.

***Early Childhood Mentoring Curriculum*** is designed to teach mentors and mentor trainers in center-based and family child care programs how to build strong protege relationships, advocate for quality early care and education, and respect diversity in early childhood settings. The training model for the curriculum consists of 10 half-day modules, covering eight units of material, that can be adapted to a variety of training schedules and situations, with activity sheets, handouts, and supplemental readings. $19.95 each plus 15 percent for shipping and handling. Washington, D.C. residents, please add 5.75 percent sales tax. Contact the National Center for the Early Childhood Work Force, 733 15th Street NW, Suite 1037, Washington, DC 20005-2112, 202-737-7700.

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Stand For Children in your community on June 1, 1997

LEAVE NO CHILD BEHIND℠

Children's Defense Fund

CDF Reports

Marian Wright Edelman, President

May 1997
Volume 18, Number 6

### Hatch-Kennedy CHILD Act

# Uninsured children would benefit

Ten million uninsured children in the United States—nearly 90 percent from working families—would be helped by legislation introduced in early April by Senators Orrin Hatch (R-UT) and Edward Kennedy (D-MA).

The Hatch-Kennedy CHILD (Child Health Insurance and Lower Deficit) Act (S. 525) grants funds to states to help working families buy private health insurance that meets children's needs, while reducing the federal deficit by $10 billion over 5 years. Its companion bill, S. 526, pays for this health coverage and deficit reduction through an increase in the tobacco tax of 43 cents per pack of cigarettes.

"In this land of incredible riches and abundance ... there are still children being left behind," Sen. Hatch said at a news conference in Washington, D.C. "We're trying to help those who cannot help themselves, which I think is the most conservative thing you can do in this society."

Sen. Kennedy noted that all children deserve a healthy start in life. "Every family deserves the security of knowing their children will get the health care they need," he said. "This legislation ... will go a long way toward assuring these basic goals for every child."

The bipartisan child health legislation introduced by Senators Hatch and Kennedy would save children's lives and health, and make life better for millions of children, says CDF Director of Grassroots and Community Affairs Jay Hedlund. "Advocates whose senators have not yet co-sponsored the Hatch-Kennedy CHILD Act should call immediately and ask their senators to take this important step for children. Advocates whose senators have already co-sponsored Hatch-Kennedy should call and thank them for their support." (See the list of co-sponsors in the box on page 2. Call the congressional

(See page 2)

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*by Marian Wright Edelman*

Necessary 12

CDF at Work 15

## Uninsured children would benefit

*(Continued from page 1)*

switchboard at 202-224-3121 to reach your senators.) Advocates should also hand out to friends, neighbors, relatives, colleagues, and others who care about children's health, fliers about children's need for health insurance, says Hedlund (see loose insert in Special Report).

## More affordable coverage

The Hatch-Kennedy CHILD Act would make health insurance more affordable for *all* 10 million uninsured children in the United States, according to CDF Health Director Stan Dorn.

For the 7 million children with working parents who earn too much to receive Medicaid, the bill would provide an opportunity to obtain quality health coverage. Of these 7 million, roughly 5 million children in low- and moderate-income working families (generally with incomes above $15,000 for a family of four) would get vouchers covering some or all of the cost of children's private health insurance. Working families of 2 million children with higher incomes could buy health insurance from health plans serving children by using vouchers that reduce prices to levels usually available only to large employers and the federal government.

The remaining roughly 3 million uninsured children are eligible for Medicaid under current law but are not enrolled, says Dorn. New Medicaid outreach efforts planned by the Clinton administration, as well as those already under way in many states, would help eligible families learn about Medicaid and obtain coverage for their children.

The Hatch-Kennedy Act also would permit states to spend up to 5 percent of their grant money to help pregnant women by providing health coverage, conducting outreach to those eligible for but not enrolled in Medicaid, or taking other steps to reduce infant mortality.

A bill introduced in late April by Senators John Chafee (R-RI) and John D. "Jay" Rockefeller (D-WV) that would give states federal funds to expand Medicaid, "dovetails nicely" with Hatch-Kennedy, says Dorn. Under the bill (S. 674), states would have the option of extending Medicaid coverage to children living in families up to 150 percent of the poverty line ($23,400 a year for a family of four). "This is a good bill," says Dorn. "But we'll need more if we're going to ensure *all* children have affordable health insurance."

## Public health benefits

The advantage of the Hatch-Kennedy bill, says Dorn, is that it gives children health coverage while helping discourage children and young people from starting to smoke.

Research shows that the increases in the tobacco tax would help discourage millions of young people from starting to smoke, so "this bill actually boosts children's health in two ways," says Dorn. For every 10 percent increase in the price of a pack of cigarettes, overall smoking rates fall approximately 4 percent, according to a 1993 report by the National Cancer Institute. (For ways to keep children away from tobacco, alcohol, and illegal drugs, see page 6).

Hatch-Kennedy would be funded by a 43-cent tax increase on each pack of cigarettes (there is now a 24-cent federal tobacco tax), raising roughly $6 billion a year or $30 billion over five years. The bill would spend $20 billion over five years for children's health insurance—$3 billion in each of the first two years, rising to $5 billion a year in 2001. About one-third of the funds raised by the tobacco tax ($10 billion) would go to deficit reduction. Participation in the program would be voluntary, with no mandates on employers or families and no new bureaucracies. The agencies that run existing health programs can administer this one as well.

Versions of the Hatch-Kennedy Act were introduced into the House in late April, one by Frank Pallone (D-NJ) and Marge Roukema (R-NJ) and another by Nancy Johnson (D-CT) and Robert Matsui (D-CA). The bipartisan effort in the House is another important step forward. The Johnson bill, however, unlike the others, gives states the option of providing less than the comprehensive Medicaid EPSDT (Early, Periodic, Screening and Diagnostic Treatment) benefits package—in particular a smaller benefits package like the one offered by the health plan enrolling the largest number of federal employees. Federal employee plans often deny essential preventive care and chronic care services needed by children with disabilities. Work is needed, says Dorn, to improve the Johnson benefits package.

## Children need insurance

Children need health coverage *now*, emphasizes Dorn. Every day, the number of children without private insurance grows by nearly 3,300 (see page 5). More than half of uninsured children with asthma and one-third of uninsured children with recurring ear infections never see a doctor during the year. Many of these children end up hospitalized because of asthma attacks that could have been prevented or suffer permanent hearing loss from untreated ear infections. And some children never get a healthy start in life, as at least 400,000 uninsured women give birth each year often without access to good prenatal and postnatal care.

"We must take action right now because children are growing up right now," explains Dorn. "They can suffer for a lifetime if denied essential health care when they are growing and developing."

*For more information on Hatch-Kennedy and children's health needs, visit CDF's web site: http://www.childrensdefense.org. To get a copy of S. 525, call the Senate Document Room, 202-224-7860, or fax your request to 202-228-2815. For on-line information about S. 525, contact the Library of Congress' legislative database at http://thomas.loc.gov//*

## Hatch-Kennedy co-sponsors

At press time, the following senators had agreed to co-sponsor the Hatch-Kennedy CHILD Act, S. 525: Jeff Bingaman (D-NM), Barbara Boxer (D-CA), Ben Nighthorse Campbell (R-CO), Susan Collins (R-ME), Tom Daschle (D-SD), Christopher Dodd (D-CT), Richard Durbin (D-IL), Jim Jeffords (R-VT), John Kerry (D-MA), Frank Lautenberg (D-NJ), Carol Moseley-Braun (D-IL), Daniel Patrick Moynihan (D-NY), Barbara Mikulski (D-MD), Patty Murray (D-WA), Jack Reed (D-RI), Harry Reid (D-NV), John D. "Jay" Rockefeller (D-WV), Gordon Smith (R-OR), Olympia Snowe (R-ME), Ted Stevens (R-AK), Paul Wellstone (D-MN), and Ron Wyden (D-OR). At press time, 15 senators had joined in co-sponsoring S. 526, which funds Hatch-Kennedy through an increase in the tobacco tax.



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*CDF Reports* (ISSN: 0276-6531) is published monthly by the Children's Defense Fund, 25 E Street NW, Washington, DC 20001, 202-628-8787. Year subscription rate: $29.95. For change of address, please include your old mailing label with your new address. Write to the managing editor for permission to reprint any part of this publication. The Charles H. Revson Foundation provides support for all CDF publications.

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# A Voice for Children

*by CDF President Marian Wright Edelman*

## Putting children ahead of partisan politics

A sick, hungry, or abused child doesn't know the difference between a Democrat, a Republican, or an Independent and doesn't care who comes to the rescue. Many of our nation's most significant child initiatives are vivid reminders of the good work that can be accomplished when policy makers put children before partisan politics.

For 25 years, CDF has worked with leaders from all political viewpoints who understand that children in poor health or threatened by violence don't need conservatives or liberals; they just need adults with the courage and commitment to remember their needs when making crucial budget and policy decisions.

One of the most important pending and passable bills in Congress is the Hatch-Kennedy CHILD Act (see page 1). Introduced by Senators Orrin Hatch, a Utah Republican, and Edward Kennedy, a Massachusetts Democrat, it would make health care insurance affordable and accessible for the 10 million uninsured children in America.

**Children ... don't need conservatives or liberals; they just need adults ... to remember their needs when making crucial budget and policy decisions.**

In 1980, Democrats and Republicans joined forces to pass the Adoption Assistance and Child Welfare Act, which helps protect abused and neglected children and offers federal support for "hard-to-place" children to find adoptive families. This April, four Democrats and four Republicans expressed their support for the SAFE [Safe Adoptions and Family Environments] Act, which improves the 1980 law (see page 4).

Bipartisanship has made possible some of the most important advances in Medicaid coverage for children. In 1989, when Congress improved the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program, bipartisan co-sponsors in the Senate led the way. Last year, a bipartisan coalition led by Senators John Chafee (R-RI) and John Breaux (D-LA) helped preserve Medicaid's guarantee of health coverage for one in four American children by proposing alternatives to replacing the current Medicaid program with a block grant.

With leadership from both parties, a number of states also have passed strong child health programs. This year, the Republican governors of Virginia and Arkansas signed into law expansions in Medicaid coverage. Governors George Voinovich (R-OH), David Beasley (R-SC), Lawton Chiles (D-FL), Mel Carnahan (D-MO), Frank Keating (R-OK), John Kitzhaber (D-OR), and Don Sundquist (R-TN) have proposed significant health coverage expansion this year. When the Massachusetts Legislature passed a bold child health plan last year, a bipartisan coalition overrode the governor's veto.

In 1989, Senators Hatch and Christopher Dodd, a Democrat from Connecticut, co-sponsored the Act for Better Child Care (ABC), which was signed into law in 1990 by President Bush as the Child Care and Development Block Grant. It helps provide child care for millions of children.

Although Democrats controlled Congress during their administrations, Republican Presidents Ford and Bush called for expanding Head Start. When Head Start was reauthorized in 1994 during the Clinton administration, there was a remarkable level of cooperation between Republican and Democratic lawmakers.

In the coming months, there will be plenty of opportunities for Republicans and Democrats to show our children that they matter more than politics. Enacting the Hatch-Kennedy CHILD Act and the SAFE Act is a good start.



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# Bill would mandate safe and permanent homes for children

At a time when child abuse is at historically high levels, Congress is taking important steps to keep all children safe and to move foster care children more quickly into permanent homes.

In late March, Senators John Chafee (R-RI), John D. Rockefeller (D-WV), Jim Jeffords (R-VT), and Mike DeWine (R-OH) introduced the SAFE (Safe Adoptions and Family Environments) Act (S. 511). To date they have been joined by nine sponsors. The bill recognizes every child's need for a safe and stable family.

"The SAFE Act makes it absolutely clear that a child's safety must be a priority in all decisions about the care of that child, and that a safe, loving, and permanent family is essential to a child's well-being," says CDF Child Welfare and Mental Health Director MaryLee Allen.

"There have already been too many horror stories in too many communities — and the SAFE Act makes clear that nothing in federal law requires that children be left in or returned to dangerous living situations that cannot be addressed by services," Allen says. "We praise Senators Chafee and Rockefeller and their co-sponsors for taking action to improve the child protection system and to help ensure abused and neglected children are in safe settings."

## Improving safety

In 1995 alone, nearly one million children—one in five of whom was an infant or toddler—were abused or neglected, and an estimated 483,000 children were in foster care. The SAFE bill makes the safety of children paramount by:

- Clarifying the importance of safety in making decisions about the care of abused and neglected children whether the children are at home or in foster care, in an adoptive home, or other permanent setting;
- Emphasizing that federal laws requiring "reasonable efforts" to prevent the removal of children from families or to reunify families do not require such efforts when children's safety and health are seriously endangered;
- Establishing multi-agency teams in each state to review how and why children die while in their families or in the care of public agencies; and
- Requiring foster parents, group care providers, and adoptive parents to undergo criminal and child abuse background checks before being finally approved.

## Finding permanent homes

In 1995, approximately 100,000 children in foster care were awaiting adoption or other permanent homes. At least two-thirds of these children have physical, mental, or emotional disabilities that often make them harder to place in adoptive families without special help.

The SAFE bill also eases the process of finding permanent homes for children by:

- Clarifying that states must make reasonable efforts to move children toward adoption or other permanent homes when reuniting them with their families is not safe;
- Extending federal adoption subsidies to speed up adoption of children with special needs;
- Ensuring that children in foster care get a permanent placement hearing within one year of entering care, rather than the current 18 months, so final plans for permanent homes can be made;
- Giving states the flexibility to expand federal resources for services and training so that decisions about permanency can be made promptly; and
- Establishing a national advisory panel to recommend ways to facilitate adoption across state and county lines.

The SAFE bill enhances opportunities for parents referred by child protection service agencies to get substance abuse treatment, expands training of staff from agencies such as courts, substance abuse treatment, mental health, education, and others serving abused and neglected children, and encourages state innovations in protecting children and giving them permanent families.

## Advocates can help

In mid-April, four Republican and four Democratic senators announced that they back the measure and voiced optimism that it will pass this year. National groups supporting the SAFE Act include Catholic Charities, U.S.A., Child Welfare League of America, National Committee to Prevent Child Abuse, National Center for the Prosecution of Child Abuse, North American Council on Adoptable Children, and the American Psychological Association.

A complementary measure approved by the House at the end of April, the Adoption Promotion Act (H.R. 867), also takes steps to keep children safe and in permanent families but does not go far enough, maintains Allen. "The House bill fails to provide adequate resources for services and staff training to promote safety and permanence for children."

"Without such services, children are in danger of being rushed home or into adoptive families without adequate support and preparation and are at risk of bouncing back to foster care," she says.

Advocates should call their senators and urge them to support the SAFE Act, Allen says.

*To get a copy of S. 511, call the Senate Document Room at 202-224-7860 or fax your request to 202-228-2815. To get a copy of H.R. 867 and the accompanying committee report (No. 105-77), call the House Document Room at 202-226-5200 or fax your request to 202-226-4362. For on-line information about S. 511 and H.R. 867, contact the Library of Congress' legislative database on the Internet at http://thomas.loc.gov//*

Special Report

# Child Health

## Declining employer-based health insurance hits children hardest

Children are the most frequent losers when private employers cut health insurance, according to a new study by the General Accounting Office (GAO).

Released in late March, *Employment-Based Health Insurance: Costs Increase and Family Coverage Decreases* reveals that the percentage of children under 18 with private health insurance dropped 7 percent from 73 percent to 66 percent between 1989 and 1995. By contrast, in the general population under age 65, private insurance coverage fell only 4 percent from 75 percent to 71 percent. If private coverage levels had not decreased, the report says, about 5 million more children would have private insurance.

Photo © Harry Cutting

As the cost of health insurance skyrocketed in the late 1980s, many employers restructured their benefits. Some, particularly those with fewer than 100 employees, dropped health insurance or family coverage entirely, shifting the burden entirely to their employees. More commonly, employers increased the amount employees must pay for coverage, particularly for family coverage. From 1988 to 1993, the average employee contribution rose by 79 percent in large companies (see chart on page 6).

Charges to employees rose much more for family health insurance than for worker-only coverage. By 1993, employees in large companies were required to pay more than three times as much for family coverage as for worker-only coverage—$1,284 compared with $384 a year, based on the monthly average reported by GAO.

As these changes occurred, family health insurance became less available and less affordable for many Americans, particularly low- and moderate-income families, and the percentage of people with private health insurance declined. Today, about 29 million workers, or almost 25 percent of the work force, are employed by companies that do not offer family health insurance.

Medicaid coverage, which currently provides health care insurance for 20 million poor and near-poor children, expanded in the late 1980s. Between 1989 and 1994, this helped offset the loss of private insurance and even caused a small increase in the percentage of insured children. But Medicaid expansions have slowed considerably while the rate at which employers are dropping insurance has not, so the number of children with no insurance at all is expected to rise again, say Dorn.

While some in Congress suggest that employers would further cut family health insurance under the proposed Hatch-Kennedy CHILD Act (see page 1 story), CDF Health Director Stan Dorn says that is not the case.

"Employers have steadily cut family coverage for more than a decade in re-

*(See page 6)*

# Keeping children away from tobacco, alcohol, and drugs

As Congress considers a child health insurance bill that boosts the cost of a pack of cigarettes (see page 1) and would cut the numbers of teens who start smoking, the latest figures indicate that high school seniors in the United States are lighting up more now than in the past 17 years. Alcohol and illegal drug use also are on the rise and, with tobacco, cause addiction, illness, and premature death among young people.

In the United States, more than 3 million children and teenagers smoke cigarettes, according to a 1994 report by the Centers for Disease Control and Prevention (CDC). Every day, 3,000 children take their first puff. A 1996 projection by the CDC suggests that more than 5 million American children under age 18 today will die from smoking-related disease, imposing $200 billion in future health care costs, unless current smoking rates are reduced.

"This is a huge, complex public health problem," says Bill Novelli, president of the Campaign for Tobacco-Free Kids, a nonprofit advocacy group in Washington, D.C. "Everyone needs to stand up and say, 'we're not going to settle for this any more. The tobacco industry has had enough of our kids.'"

## Smokers getting younger

Young people are beginning to smoke at a younger age, notes Novelli. The average young smoker begins at age 13 and becomes a daily smoker by age 14 1/2, according to a December 1994 Robert Wood Johnson Foundation survey. Since 1991, the percentage of ninth- through 12th-graders who are smoking has increased by more than 26 percent, according to the CDC.

Young people today smoke for a variety of reasons, says Novelli, including poor adult role models, peer pressure, and intense marketing ($5 billion in 1994) by the tobacco industry. A study published in the October 1995 *Journal of the National Cancer Institute* found that teens are twice as likely to be influenced to smoke by cigarette advertising as by peer pressure.

One way to discourage young people from starting to smoke, says Novelli, is to boost the price of tobacco. A 1995 report in the *Journal of Law and Economics* noted that children have less disposable income and are less apt to be addicted to cigarettes. Therefore, they are three times more likely than adults to quit smoking, or not start, as a result of a tax hike. A 50-cent tax increase would likely cut the number of teen smokers by more than 1 million and a 75-cent hike would reduce youth smoking by 1.6 million. Raising the tobacco tax by 43 cents per pack of cigarettes could save

*(See page 7)*

## Declining employer-based health insurance

*(Continued from page 5)*

sponse to long-term labor market trends, not child health programs," says Dorn. "Whether or not S. 525 passes, employers will continue to drop coverage for dependents, including children. The only question is whether children without coverage from their parents' employers will receive help or remain uninsured."

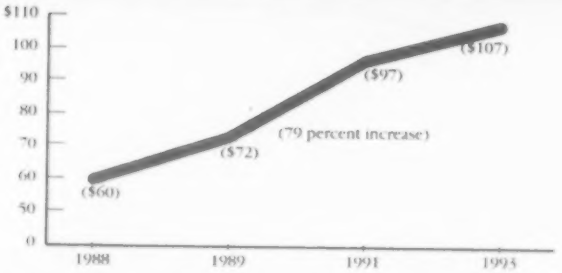
In addition, says Dorn, where states have instituted substantial child health insurance programs, they have not harmed employer-based coverage. He gives as an example Minnesota, which adopted the nation's first major statewide child health insurance program in the 1980s yet still has the third-broadest *private* health coverage for children in the country.

The Hatch-Kennedy bill would also prevent employers from dropping health coverage for dependents by establishing an anti-discrimination rule that says employers cannot single out those whose children are eligible for vouchers and give them less help than other employees who have children.

"Congress," says Dorn, "must not let the fear of employer dumping be used as an excuse for not helping the 10 million uninsured children in America."

*To receive a free copy of the GAO report, contact the U.S. General Accounting Office, PO Box 6015, Gaithersburg, MD 20884-6015, 202-512-6000.*

**Average monthly premium contributions** paid by employees in medium to large firms*, for family coverage, 1988–1993**




* Large firms have 100 or more employees. ** Based only on those employees who contribute to the cost of their employment-based premium.

Note: Percent increase may not calculate exactly from the premium costs in this table due to rounding.

Source: GAO, *Employment-Based Health Insurance: Costs Increase and Family Coverage Decreases*, February 1997, page 12.

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### Keeping children away from tobacco, alcohol, and drugs

*(Continued from page 6)*

more than 835,000 American children from smoking-related deaths, according to David Rosenthal, M.D., president-elect of the American Cancer Society.

Novelli's group was among those that in late April successfully lobbied the U.S. Food and Drug Administration (FDA) to propose regulating tobacco and nicotine, restricting tobacco marketing toward children, and making cigarette buying more difficult for young people.

These actions, according to Novelli, would put a damper on tobacco industry marketing and make it easier for public education campaigns at the state and federal levels to make inroads. And more must be done to curb secondhand smoke, he says, because it affects children's growing lungs and increases their chance of getting sick and missing school.

## Teen drinking 'dangerous'

Many Americans "somehow forget that tobacco and alcohol are very dangerous drugs and that we should be concerned about our kids using them," says Mathea Falco, president of Drug Strategies, a nonprofit research institute in Washington, D.C.

Alcohol use among teens is widespread. According to *Monitoring the Future*, 95 percent of high school seniors surveyed said they had had more than five drinks in their life before graduation. Binge drinking—five or more drinks in a row on a single occasion—also is increasing, says Falco.

"It is not reassuring to say that 'boys will be boys' or that this is a rite of passage," she says, "when you have binge drinking to the point of passing out and young people dying from alcohol overdoses, which is now happening all over the country."

Individuals, families, and communities must take a clear stand on alcohol use, Falco explains. "The ambivalence that a lot of adults have about alcohol tends to skew other prevention efforts so that kids hear a mixed message."

One school administrator told Falco that his biggest struggle has been keeping alcohol from being served to parents at school functions. Serving parents alcohol at school functions—even when students aren't present—sends the wrong message, says Falco. "Kids don't like ambiguity," she says. "They need clear boundaries. That's our job as adults."

Reprinted with permission from Universal Press Syndicate, 1997.

## Drug use almost epidemic

Although illegal drug use among adults has dropped substantially since 1986, says Falco, the number of young people using drugs is rising rapidly. "We're on the cutting edge of what I think will be a new epidemic."

Among eighth-graders, illegal drug use has more than doubled since 1991, and that trend is true for all teens, according to Falco.

Like smokers, drug users are becoming younger and younger. Marijuana remains the number one illegal drug of choice for young people, followed by stimulants (except in a handful of states) and LSD, according to Falco.

In the late 1980s, as drug use among young people declined, Falco says many people "assumed that the problem was taken care of, and we could go on to other problems." Attitudinal changes among young people also have changed. "The kids think that drugs are much less harmful now than they did five years ago," says Falco. "They're also reporting greater tolerance for drug use."

## Preventing drug use

Fewer than one-half of the nation's young people receive any kind of drug prevention training in school, and unfortunately, most of them receive little benefit from it, says Falco. "Many programs now in schools may look great, but they're not producing any behavioral changes, which is the bottom line in prevention. Without behavioral changes, we're really wasting time and energy that might better go to geography or some other activity."

Falco urges that parents make sure their children's schools use drug education programs that have been proven effective. A recent two-year study by Drug Strategies provides a comprehensive review of curricula content for 47 widely used school-based drug prevention efforts. *Making the Grade: A Guide to School Drug Prevention Programs* reported that the most effective drug prevention curricula are highly interactive, teach specific refusal, social, communications, and stress management skills, are reality-based, and also involve the family and community and train teachers.

Parents and teachers need help to advocate for effective prevention and to ensure that programs being used in their schools have been evaluated as effective. Concerned parents also should join community coalitions and work with others at the local level to help prevent teen drug use. The media also should be discouraged from glamorizing substance abuse and encouraged to run positive stories about young people.

"We need massive changes in the way we think about children's lives," says Falco. "Drug abuse is a symptom of a lot of the problems kids face, but it also creates its own problems. The most effective prevention occurs when the same message is echoed at every level of a child's environment."

*For more information, contact the National Center for Tobacco-Free Kids, 800-284-KIDS, and Drug Strategies, 202-663-6090.*

# Children need health insurance

Before more than 2,000 children's advocates at CDF's 17th annual conference in mid-March, Senators Orrin Hatch (R-UT) and Edward Kennedy (D-MA) unveiled their bipartisan legislation that would expand health coverage to nearly 10 million uninsured children in the United States (see page 1 story). Following are excerpts from their comments.

*Today, we're unveiling ... the Child Health Insurance and Lower Deficit Act, or the CHILD bill ... I'm supporting this because it is the right thing to do ... [This bill] will significantly improve the health care of our nation's children, but it will do so in a fiscally responsible manner ... It is fully financed. At the same time, it allows for a solid measure of deficit reduction ... Our legislation will help working families across the United States. After all, these are the people who have to face the world every day, meeting the challenges of life, working hard, pursuing a better life, and playing by the rules. The Hatch-Kennedy bill will provide a cushion for these families—a cushion that could mean the difference between a healthy child or a sick child. As a nation, as a society, we have a moral responsibility to provide that layer of support ... The legislation we are proposing today utilizes components of the private marketplace, and, together with federal assistance to states, we will facilitate the expansion of health insurance coverage for children. Children are our nation's most precious resource ... Too many parents and single parents in this country go to sleep at night worrying about their child's health and what would happen if their child becomes terribly sick. The lack of health insurance for children is a nightmare for parents. For a sick child, it is perhaps the most horrifying experience of all ... Together, we will provide a more comforting night for millions of parents and children across this great nation.*

*—Sen. Orrin Hatch (R-UT), March 13, 1997*

*We have an opportunity to make a very, very important and significant down payment in providing the kind of health care that children deserve, so that every child in this nation is going to have a Healthy Start ... You and I know that the fastest [growing] group of individuals being added to the uninsured in society are children. Those that are out there are not being covered with Medicaid ... Today, for too many parents, the emergency room is the family physician for children, and that is unacceptable and wrong in America. As a father of a child who was a chronic asthmatic, I know the kind of attention that child needed. I know that all across this country, there are parents who have asthmatic children and only about one in three of those children ever get attention, and ever get the kinds of treatment, and ever get the kind of doctors that those children so importantly need if they're ever going to be able to grow and develop and reach their own kinds of potentials. As a father, I know well the number of earaches that various children have and only one out of three of these earaches are ever seen by doctors of needy families. We know the dangers that take place, that many of these children develop serious problems like ear infections, sometimes even losing their ability to hear ... We are asking that each and every one of you go to your members of Congress, Republicans and Democrats alike, and say this is a measure that has to be done.*

*—Sen. Edward Kennedy (D-MA), March 13, 1997*

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# Welfare in the States

## New welfare law spurs homelessness in Wisconsin

New welfare changes now being implemented are partially responsible for increasing homelessness and overcrowding in shelters, according to Wisconsin advocates.

In January, the Greater Milwaukee Chapter of the American Red Cross declared that homelessness in the area had reached emergency proportions, especially among women and children. Using $30,000 in funds normally earmarked for disasters, the Red Cross chapter worked with church and shelter officials to set up eight overflow shelters. These overflow shelters enabled children and their mothers, who otherwise had nowhere to sleep except outside in the frigid Wisconsin winter, to spend the night on mats on the floor.

When the church shelters closed at the end of March, the need didn't go away, says Jeff Seider, manager for programs and services for the Milwaukee Red Cross. "The shelters still are struggling to help women and children."

Barbara Vanderburgh, director of Rescue Mission's Joy House, agrees. In January, for the first time, Joy House opened an overflow shelter with dormitory-style bunk beds in a basement gymnasium. At one point, 126 women and children crammed into the 45-bed shelter. By February, the number of homeless women and children in the shelter had doubled, rising 117 percent since February 1996.

"The numbers are still climbing," says Vanderburgh.

In August 1996, Wisconsin implemented "Pay for Performance," a trial welfare "reform" program that requires those who receive cash assistance to work or to attend workforce preparation activities immediately, or lose all or part of their benefits. Thousands of families already have been affected.

Between August 1, 1996, and February 28, 1997, on average, one of every four families seeking shelter in Milwaukee was homeless because the state penalized them by cutting or terminating their assistance, according to Alice Fletcher, director of programs at Milwaukee Health Care for the Homeless, which monitors hotlines for the city's eight shelters.

Moreover, says Fletcher, a growing share of those seeking shelter are women rather than men, possibly further evidence that the cuts for families are increasing homelessness. Vanderburgh estimates that 25 percent of the families she sees are homeless because of problems with benefits.

In Dane County, which encompasses Madison, Wis., at least 1,500 families since August have sought shelter after losing some benefits, noted Barbara Lindsay, director of human services at the Salvation Army, which monitors calls to Madison's four shelters.

Advocates expect the homeless problem in Wisconsin to grow worse as "Wisconsin Works"—the state's version of Temporary Assistance to Needy Families—takes full effect September 1, says Joe Volk, associate director of Community Advocates in Milwaukee. "We know from past experience that people don't become homeless right away [after their economic problems worsen] because at first they stay with family or friends," says Volk. "There is usually a six- to eight-month lag time until we see people. We expect the base number of homeless families to keep going up and up."

## Innovative Illinois plan would reward parents' work

An Illinois plan to move parents from welfare to work includes a number of promising initiatives for parents and children, advocates say.

Under the 1996 federal welfare law, Aid to Families with Dependent Children (AFDC), the JOBS program, and Emergency Assistance to Families with Children were abolished and replaced with fixed "block grants" of federal funds for states called Temporary Assistance for Needy Families (TANF). Each state has to devise its own plans for TANF, and these must include strict work rules and a rigid five-year limit on federal assistance.

Illinois' TANF plan, which is expected to be submitted to the federal government in mid-May, takes several bold steps to help family members on welfare find jobs, according to John Bouman, project director for the Poverty Law Project of the National Clearinghouse for Legal Services.

As a work incentive, the plan would not count $2 out of every $3 in wages earned by family members seeking to make the transition from welfare. For example, if a parent makes $100 on the job, the state would reduce family benefits only by $33. Families wouldn't lose aid entirely until they reached the poverty level.

To reward work and reduce poverty, Illinois lawmakers have decided that months in which families combine low earnings and partial benefits will not count against the federal five-year time limit. Illinois will do this by using its own funds, not federal dollars, to supplement the wages of families working 20 or more hours a week.

Families' savings also would be calculated differently by the state when determining benefits. Families with savings of up to $3,000 could be eligible for assistance, whereas the old law limited savings to $1,000. The asset limit on automobiles would be removed entirely, which means families "could own a respectable car" that will get them to work, says Bouman.

The Illinois House recently passed a bill that by fiscal year 2000 would boost child care funding to cover all children in families with incomes at or below 60 percent of the state's median income. This is approximately 200 percent of the federal poverty line, or $25,960 for a family of three.

"This is a really good package for people who do find work," says Bouman. "The state appears to understand that by using its funds wisely, the door is open to policy flexibility to give families real help, yet not put any federal funding in danger."



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## Necessary

*News from the Black Community Crusade for Children*

# Summer Freedom Schools: Teaching the lesson of giving back

Not only do the Black Community Crusade for Children's (BCCC) summer Freedom Schools provide a safe, fun place to learn, they also teach young people the value of giving back to their communities. So says Rev. Gloria Roach Thomas, who gives one of her young students as an example.

"That boy had been in a homeless shelter himself," explained Thomas, project director of Minnesota's two summer Freedom Schools in the twin cities, Minneapolis and St. Paul. "Now he is on the other side, and Freedom School not only has taught him the importance of picking himself up but of giving back to those less fortunate. He discovered there was hope, even though he had a period in his life that seemed hopeless. Freedom Schools teach children that they don't have to be victims but that they can make a difference in their homes, their communities, and in their nation."

Located in both urban and rural communities, Freedom Schools provide a free, intensive learning experience. Each of the 32 Freedom Schools enrolls students from age 5 to 18 on a first-come, first-served basis.

Photo © Lisa Butler McDougal

*College-age mentors like this young man help build self-esteem, citizenship, and thinking skills in the children attending Freedom Schools.*

All children need to be exposed to opportunities that let them feel how rewarding it is to help others, maintains Thomas, a United Methodist minister and mother of two, who began working with Freedom Schools when they were established in Minnesota last year through the collaboration of the St. Paul Council of Churches, La Creche Early Childhood Center, Minneapolis School District, and the Ruth Hawkins YWCA. Clearly, says Thomas, children need to be involved in positive activities and programs so that ultimately fewer of them are on the streets, at home alone, or going hungry, and more of them feel good about themselves and enjoy learning.

"It's easy to see why we need Freedom Schools," says Thomas, noting that in Minnesota last year, there were 1,767 children arrested for violent crimes, 1,056 children abused or neglected, and 12,387 children who dropped out of school. "When I look at some of the children in Freedom Schools, I don't have a doubt that somebody left home hungry, that somebody's mother is on drugs, that somebody's household has family violence in it, and that somebody's parents can't read."

The problems Thomas describes affect children all over America, and Freedom Schools in communities from New York to California will make a positive difference this summer in those children's lives, according to Julienne Johnson, CDF/BCCC's acting director of Freedom Schools. More than 2,000 children will be served under the leadership of hundreds of caring elders and college-age interns, who have been trained at the Ella Baker Child Policy Training Institute at the former Alex Haley Farm in Tennessee.

"We seek to create learning environments that provide structure in children's lives, bring communities and families together to promote academic success, strengthen character, and help children be critical thinkers, who are responsible members of their communities," maintains Johnson, who says that Freedom Schools engage children in activities that feed their minds, bodies, and spirits.

## A day in Freedom School

The Freedom School day begins at 8 a.m. when the children are greeted and served a breakfast provided through the government-funded Summer Food Service Program. With their stomachs satisfied, they move on to Harambee Time, a period for students, staff, and volunteers to share ideas, experiences, and stories. (*Harambee* is the Kiswahili word for *let's pull together*.)

Then the interns lead children in group discussions, creative writing exercises, and story time. Through role-playing activities, interns teach their students how to resolve conflicts peacefully and remind them always to think about the consequences of their actions. Children play games such as chess, Scrabble, and Monopoly — all designed to enhance problem-solving and analytical skills. As morning draws to a close, it's "DEAR [Drop Everything and Read] Time," a 15-minute silent-reading break that emphasizes the joy

*(See page 13)*

## Summer Freedom Schools

*(Continued from page 12)*

and importance of reading. Students, with the help of their parents, choose material from the rich "Freedom School Book List."

The family spirit is stressed at lunchtime, when children and adults come together to enjoy another meal. Afterwards, children participate in music, dance, or other culturally enriching activities. For those who enjoy sports, soccer, basketball, or tumbling are encouraged. Field trips and learning exercises, such as obstacle courses and companion-building activities, help children gain self-confidence as they learn to master situations and work well with others. Some days, children rehearse for the summer finale, a production held at the end of the five- to eight-week summer session, which gives children the opportunity to share their unique gifts with the entire community.

### Parents as partners

Weekly parent workshops are another important component of the Freedom School program. "Parents are the most important partners in their children's development, and we bring parents, children, and educators together in ways that enhance learning for everyone," Johnson says.

Too often parents are asked to get involved in their children's education only when a negative situation arises, Thomas notes.

"They're tired of only hearing from a teacher when he or she's saying: 'Could you come and get your child? He's in the office for causing trouble.' There would be better rapport between teachers and parents if students, teachers, and administrators would come together on a more equal and positive basis. That's what Freedom Schools emphasize.

"I see sixth-grade boys who used to hate to pick up a book begin to enjoy reading," she continues. "One day I noticed three different boys in three different parts of the room asking for more time to read. I see students getting eager to do their work, and parents are pleased."

Through the workshops, Thomas finds, Freedom Schools give parents the tools they need to be better advocates for their children. Parents learn how to approach schools and to use appropriate language when trying to resolve problems or help their children improve in the classroom.

> **"There is so much we can do that can be positive in terms of influencing and improving how kids grow and develop ... Freedom Schools are making major strides in improving lives for thousands of children every summer."**

"Administrators aren't as willing to listen to a parent when he or she is cussing and fussing," she says. "But when the parent can calmly say, 'I will be accountable for my child, and I will hold *you* accountable for teaching my child,' then a parent can expect more positive results. These are the kinds of communication skills we teach parents. They want to know that educators believe in their children."

Betty Webb, an administrator with the Minneapolis School District who also works with the Freedom Schools, agrees: "I don't think there is anything more powerful than belief in children. I believe children can be successful, and Freedom Schools believe children can be successful. Learning opportunities don't stop at 3 o'clock when school ends, nor do they stop in June when school lets out for the summer. Learning is a continuous kind of thing, and our children need to be connected with learning opportunities — and not just academics. They need to be connected to adults, our culture, and our history. They also need moral connections. Freedom Schools help children make all kinds of connections."

The Freedom School concept is not new. They were first established in 1964 by college students as part of voter registration and community mobilization efforts during the legendary Freedom Summer of the Civil Rights Movement. Organizers say that they ultimately would like to see both community organizations and religious and educational institutions in every neighborhood in America establish Freedom Schools.

"There is so much we can do that can be positive in terms of influencing and improving how kids grow and develop," says Cynthia Curry of La Creche Early Childhood Center in Minneapolis. "Freedom Schools are making major strides in improving lives for thousands of children every summer."

*For more information on how to start a Freedom School in your community, to order a free copy of the reading list, or to purchase a copy of the* Freedom School Curriculum Guide *($30) or the* Freedom School video *($20), contact Julienne Johnson, Acting Director, Freedom Schools, Black Community Crusade for Children, 25 E St., NW, Washington, DC 20001, 202-662-3546; or e-mail jjohnson@childrensdefense.org.*

## Keeping children safe during the summer

Joanne Fenner of Chester, Pa., has put together a calendar of summer activities—recreation programs, day camps, sports leagues—for children in her community. She works for the Health Education Alliance, which is a collaborative venture between the Chester Upland School District and the Crozer-Chester Medical Center. Fenner encourages adults all over America to organize local calendars where they live because, in addition to being a great resource for families, they highlight the need for safe spaces and keep parents and children abreast of fun and constructive alternatives for free time. To obtain information for the calendars, contact schools, parent associations, chambers of commerce, Boys and Girls clubs, community centers, museums, parks and recreation centers, and service organizations. Then distribute the finished calendars to various media and post them in areas that children and parents frequent during the spring and summer.

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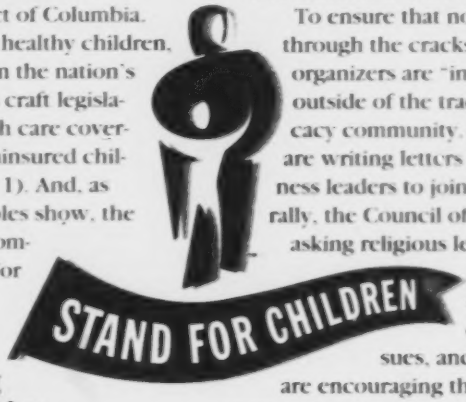
# Communities mobilize to Stand For Children

Momentum is building in communities throughout the United States as children's advocates and organizers gear up for the second annual Stand For Children Day on June 1.

Local Children's Action Teams (CATs)—groups of individuals working to improve the lives of children, which sprang into action after the first Stand For Children Day June 1, 1996—are leading the effort.

In 1997, at least 400 Stand For Children local events are being held in communities big and small, in 50 states and the District of Columbia. The events focus on healthy children, a theme resonating in the nation's capital as lawmakers craft legislation to provide health care coverage for 10 million uninsured children (see story page 1). And, as the following examples show, the only limits to how communities can Stand For Children lie within the imagination.




## Remembering children in Idaho

Children's health is a pressing concern in Boise, Idaho, particularly because of the state's startlingly low immunization rates, says CAT leader Mary Lou Kinney, an education coordinator for Child Care Connections, a local resource and referral service in Boise.

"On June 1, we'll have children plant forget-me-not flowers as a sign of their health care needs," explains Kinney. The following week, a dozen youngsters will carry flowers and a well-crafted message about the importance of children's health insurance to 10 state and local policy makers.

Sending a message to families about their children's health needs is important too. So in Boise, Stand For Children Day is providing parents a chance to check their children's immunization records with the local health department at a children's health fair.

## Organizing in Texas

In San Antonio, Texas, people who care about children are marching from the city's Milim Park to Alamo Plaza for an afternoon rally to raise awareness about children's needs and to lay the groundwork for long-term community action, says Bertha Lopez, co-chair of the San Antonio CAT.

"As beautiful as our city is, there's a darker side to childhood in San Antonio," Lopez says. Currently, 58 percent of the city's homeless population consists of families with children.

To ensure that no child falls through the cracks, San Antonio organizers are "involving people outside of the traditional advocacy community. Schoolchildren are writing letters inviting business leaders to join the June 1 rally, the Council of Churches is asking religious leaders to conduct Sunday sermons on children's issues, and grocery stores are encouraging their employees to wear Stand For Children buttons.

## Networking in California

A network of more than 150 organizations and advocates in Northern California's Silicon Valley region is joining forces with the Children's Discovery Museum on June 1 to demonstrate their commitment to healthy children.

"It's a very unusual mix," says Judith Kleinberg, executive director of the Kids in Common Action Network, a CAT in San Jose, Calif. "The kinds of people we draw on range from the high-tech, corporate CEOs to the strawberry pickers."

In San Jose, Stand For Children Day is being held in a grassy meadow outside the museum. Children will be able to undergo health screenings and receive immunizations.

While Stand For Children Day is both a celebration and educational experience, Kleinberg says it also will help drum up future allies.

"We see all of our outreach as building capacity in the larger community to understand the issues of children and to find ways to support them," Kleinberg explains. "What happens June 1 is a building block."

## Taking action on June 1

A "Virtual" Stand For Children on the Internet is complementing local activities and promises to get even more people working to improve children's lives, according to Stand For Children Executive Director Jonah Edelman. Between May 25 and June 7, people are going on-line from their homes, places of work, schools, and public libraries (www.stand.org) to sign a "virtual petition" for healthy children, to find out about local Stand For Children Day events, and to learn how to Stand For Healthy Children throughout the year.

Edelman urges individuals to express their commitment to "Leave No Child Behind" on June 1 by wearing the green, heart-shaped buttons and stickers that say, "I Stand For Children." To help build the powerful movement that we need to ensure every child has a healthy start and to encourage community, business, and government leaders to do their part, he hopes organizers will urge as many people as possible to sign the petitions *before*, *during*, and *after* their events.

"For too long, children's health—and other needs—have been ignored," says Edelman. "The only way we are going to have healthy, happy, productive children is by standing up for them now and ensuring every child gets a healthy start in life."

*To find out about Stand For Children Day activities in your community or to order green, heart-shaped buttons or stickers, contact: Stand For Children, 1834 Connecticut Ave., N.W., Washington, DC 20009; 800-663-4032; fax, 202-234-0217; or e-mail, tellstand@stand.org.*

# Uninsured children: a national scandal

**10 million American children have no health insurance—and 90 percent live in working families. Medicaid helps the poorest children, and families that are well off can afford private insurance, but millions of parents "in the middle" cannot provide their children with health coverage.**

- ***1 in 7 children are uninsured.***
- ***3 in 5 (61 percent) uninsured children live in two-parent families.***
- ***Employer coverage is eroding.*** Since 1989, the number of children without private insurance has grown by 3,300 a day. Private coverage is eroding twice as quickly for children as for adults, so the American most likely to lose private health insurance today is a child.
- ***Uninsured children are at risk of preventable illness.*** More than half of uninsured children with asthma never see the doctor during the year. Many of these asthmatic children are hospitalized with problems that could have been prevented. One in three children with recurring ear infections never sees the doctor. Many suffer permanent hearing loss.
- ***Children with untreated illness are less able to learn.*** Children sitting in class with pain or discomfort have difficulty learning. Nearly one in five uninsured children has untreated vision problems, and children unable to see the blackboard often fall behind in school.
- ***Every other developed country provides all its children with health insurance.*** America, the world's leader in health technology, can and should make health coverage available and affordable to all its children.
- ***This is a problem we know how to solve and every segment of society has a responsibility to help children receive necessary health care.*** Parents should use every opportunity to buy health insurance and provide care for their children. Employers should preserve and increase health coverage for families. States should ensure that all eligible children are enrolled in Medicaid, and more states should adopt good child health programs for low- and moderate-income families like those in Minnesota, Massachusetts, New Hampshire, and New York. The federal government can and should help working families buy private health insurance for their children. A child's chances of growing up healthy and strong should not depend on the state where the child lives.

Please photocopy and distribute this double-sided flier.

# Get involved in the campaign for CHILD health

## Support the bipartisan Hatch-Kennedy CHILD Act.

**10 million uninsured children, nearly 90 percent in working families, need health coverage now**

Today in America, one child in every seven has no health insurance. Ninety percent have parents who work. Most of these families earn too little to afford insurance, but too much to qualify for Medicaid. Every day, 3,300 additional children lose private health insurance.

**The bipartisan solution: The Hatch-Kennedy CHILD Act (S. 525 and S. 526)**

The Child Health Insurance and Lower Deficit (CHILD) Act, broadly supported by both Republicans and Democrats, makes health insurance affordable and accessible to all 10 million uninsured children. Because the bill is paid for by a 43 cents per pack tax on cigarettes, the new law also would discourage young people from ever starting to smoke. The bill:

- provides grants to states to help working families purchase private health insurance for their uninsured children;
- allows states great flexibility and makes participation voluntary, with no new bureaucracies; and
- allocates one-third of the monies raised to reduce the deficit.

**Call Congress *today* and urge your senators to support the CHILD Act!**

**Message:** "Support the CHILD Act, S. 525 and S. 526, the bipartisan solution that makes health insurance affordable and accessible to the families of 10 million uninsured children in America."
**U.S. Capitol Switchboard: 202-224-3121**

☐ YES, I want to get involved in the Campaign for CHILD Health to help make insurance affordable and accessible to the 10 million uninsured children in the United States. I will call my senators and ask them to support S. 525 and S. 526, the bipartisan Hatch-Kennedy CHILD Act. Please send me more information on what else I can do to help.

Name _____

Organization _____

Address _____

City, State, Zip _____

Phone (daytime) _____ (evening) _____

Fax _____ E-mail address _____

Place this coupon in an envelope and mail to: Field Division, Children's Defense Fund Action Council, 25 E St. NW, Washington, DC 20001. For more information call 202/662-3584; fax 202/662-3550; or e-mail ccortez@childrensdefense.org.

Please photocopy and distribute this double-sided flier.

# Washington, D.C., conference-goers gain new strength to Stand For Children

More than 2,000 community activists, parents, child advocates, educators, religious leaders, and service providers reaffirmed their commitment to Stand For Children during CDF's spirited annual conference in Washington, D.C., in mid-March. In more than 100 informative plenary sessions and workshops, attendees delved into the conference theme, "Standing Strong & Together For Children: Leave No Child Behind."

Truly standing for children requires concrete action, CDF President **Marian Wright Edelman** told the enthusiastic conference participants. "A lot of people stand silent when children and the poor are treated badly because they are afraid of controversy or failure," she said. "I would say to them, if you can't stand, crawl. If you can't crawl, just hold up your hands. The important thing is to keep building your movement, and that is what you're going to do when you go back home." Edelman urged all conference attendees to organize events in their local communities to celebrate Stand For Children Day on June 1 (see page 14) and to make children's health insurance a top priority this year (see page 1).

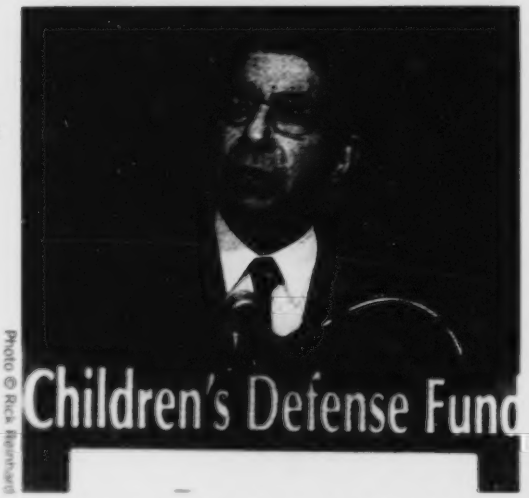



Photo © Rick Reinhard

*Former Costa Rican President and Nobel Peace Prize Winner Oscar Arias Sanchez opens CDF's 17th annual conference.*

## Violence a detriment to children's health

A major factor affecting children's poor health, both in the United States and the rest of the world, is violence. Former Costa Rican President and Nobel Peace Prize winner **Oscar Arias Sanchez** told conference attendees that cease-fires are essential to save the world's children. But, he warned, cease-fires "will not last if we do not free our repressed masses, empower our women, and employ those without opportunity. Future generations may look back on our lives and wonder why we were so intent on battling one another, instead of confronting the menaces of hunger, intolerance, and greed, which threaten to destroy us."

Both Sanchez and **Betty Williams,** president of the World Centers of Compassion for Children in Gulf Breeze, Fla., noted that U.S. military spending accounts for one-third of all global military expenditures—an appallingly high percentage in a post-Cold War era. "We must persuade governments to change their minds," said Williams, "and give us percentages of their military budgets to change the world for the children."

## Preparing children for the 21st century

Spending more money on services for children would better prepare them for the 21st century. To that end, children need good health care, said **Barry Zuckerman,** M.D., chairman of the department of pediatrics at Boston City Hospital. Pediatric care should be linked to other important child and family services such as literacy and child care, and all children need health insurance, Zuckerman said.

Children also need better and different education, according to **James Comer,** Maurice Falk professor of child psychiatry at Yale University's Child Study Center and a Black Community Crusade for Children (BCCC) working committee member. "We need a school that supports high academic achievement," said Comer, "a school that prepares all young people to be ready and able to carry out adult tasks and responsibilities, particularly to be able to participate in the work of an open democratic society."

Technology can help children learn in new ways, noted **Mario Morino,** chairman of the Morino Institute in Reston, Va., but technology is more than just wiring schools for computers. "We need to apply technology to heal our communities, to create better environments for learning, and to create more mentoring-learning relationships," Morino said. "We need technology to create better outcomes for our children and not technology for technology's sake."

To further meet children's and families' needs, advocates must "make peace with capitalism," said **Deborah Wright,** executive director of the Upper Manhattan Empowerment Zone Development Corporation in New York City. Wright argued that advocates have an opportunity, with greater power in state rather than federal hands, to take advantage of rapidly growing elements of the economy.

## Helping children despite welfare repeal

Helping children get what they need will be difficult in light of welfare repeal, acknowledged **Sen. Patty Murray** (D-WA). But welfare repeal, she said, also offers policy makers an opportunity to better serve children and families

(Continued on page 16)

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## Conference–goers gain new strength

*(Continued from page 15)*

through comprehensive health care, improved education, and affordable child care.

Parental involvement is key to helping children, noted **Rep. Maxine Waters** (D-CA), who grew up on welfare and credits her mother with keeping the family together. House Minority Leader **Richard Gephardt** (D-MO) agreed, adding that the children of working parents also need attention from caring adults *outside* the family. "The cost of caring is not cheap," he said, "but the cost of neglect is much, much higher, and it must not go on."

Parents also need jobs to support their children, according to **William Julius Wilson** of Harvard University—particularly parents who live in areas of high joblessness, such as inner-city neighborhoods and depressed rural areas. With the demand for low-skilled workers decreasing, the growing suburbanization of jobs creating transportation problems, and many employers holding negative perceptions of welfare recipients, these parents face an uphill battle. Wilson, who is a professor of social policy and the author of *When Work Disappears: The World of the New Urban Poor*, said, "To create work opportunities for welfare recipients, these areas will have to rely more heavily upon job creation strategies in the public and nonprofit private sectors."

Photo © Rick Reinhard

*Betty Williams, Nobel Peace Prize winner and president of the World Centers of Compassion, wants governments to reduce their military budgets.*

### Gaining new knowledge

In addition to attending a range of plenary sessions and workshops, advocates had the option of participating in one of eight pre-sessions and training tracks that included basic media relations, an introduction to microenterprise development, using technology, and Child Watch, a CDF program that takes community leaders into the field to see the needs of children firsthand.

**Mary Jo Murphy,** project director of the Healthy Start Coalition of Slagler and Volusia counties in DeLand, Fla., attended a Child Watch pre-session where she learned how to speak to the media in short snippets, or soundbites, about the problem of uninsured children. "It helped a lot and we've been talking in soundbites ever since," said Murphy. "It really works!"

After attending CDF's conference, she wrote a letter to the editor of her local newspaper about the importance of child health legislation and suggested further stories on health insurance for children. Within a week's time, *The News-Journal* in Daytona Beach published four other articles relating to the need of children and families for health insurance.

### Lobby Day

Between workshops, more than 500 children's advocates traveled by bus to Capitol Hill for Lobby Day and met with their senators and representatives to talk about the problems uninsured children face and to urge them to support the Hatch-Kennedy bill (see story, page 1).

**Ann Bacharach** from the Maternity Care Coalition in Philadelphia said her meeting with **Sen. Rick Santorum** (R-PA) was productive. "Now the staff person who handles health issues will know who I am when I call. And they've already asked for more information about children's uninsuredness."

**Marsha Houston** from the Maternal and Child Health Institute in Atlanta, Ga., also had a good conversation with her congressman, **Rep. John Lewis** (D-GA), about health insurance for children. As a result of the discussion, Lewis agreed to tour the Institute's new Moms-To-Be Resource Center on his next visit to Atlanta. The newly created center provides mothers with information on prenatal care, the birthing process, and the care of newborns.

### Praying for children

Conference activities also included an inspiring interfaith service co-sponsored by the **Interfaith Conference of Metropolitan Washington.** The service included prayers and readings by local religious leaders from a wide spectrum: Protestant, Catholic, Mormon, Jewish, Sikh, Hindu, and Muslim. The

*(See page 17)*

### Missed the conference? Get it on tape

- Audiocassette tapes for all conference workshops and plenary sessions may be purchased from Chesapeake Audio/Video Communications, Inc., 410-796-0040.
- Videotapes for all plenary sessions may be purchased through CDF Publications, 202-662-3652.

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## Conference–goers gain new strength

*(Continued from page 16)*

**Washington Episcopal School Children's Chorus** and the District's **Purity Baptist Church Combined Choirs** offered anthems.

The **Rev. Dr. Samuel DeWitt Proctor**, pastor emeritus of the Abyssinian Baptist Church in New York City, delivered a moving sermon. "The worst thing that can happen would be for us to believe that nothing can change and that the hardhearted people who are in charge of our nation—the people who control the consensus in politics and in public morality ... would prevail," he preached.

Photo © Jay Mallin

*Children in the theater ministry at the People's Community Baptist Church sing about racial justice.*

## Stand For Children

The first annual Stand For Children awards were presented to **Mrs. Rosa Parks,** the civil rights pioneer and grandmother of the children's movement, and to **Rosie O'Donnell,** a television talk show host and producer.

"We must continue to work in any way we can to make life better for our children ... because children are our future," Mrs. Parks said upon accepting her award.

O'Donnell noted that all children deserve a good education, access to health care, and safe havens. "There have to be places that kids can go when they're in trouble and they're in need," she said. "I know with the help of all of you, I'll continue to do what I can in my little way."

Parks and O'Donnell, who are the honorary co-chairs of Stand For Children 1997, were entertained by the children in the theater ministry at **People's Community Baptist Church** in Montgomery County, Md., who sang passionately about racial justice.

## Making a difference

At a luncheon ceremony on the final day of the conference, Edelman recognized five individuals for their efforts in making the world a better place for children. The annual awards were presented to the **Rev. Walter Murray Jr.,** pastor of Zion Baptist Church in Lynn, Mass., who mobilized the faith community to make Lynn a safer place after a young congregant was shot and killed in a dispute over a gold necklace; **Gretchen Buchenholz,** executive director of the Association to Benefit Children, which champions homeless and handicapped AIDS-stricken children and their families; **Sophia Bracy Harris,** executive director of the Federation of Child Care Centers of Alabama, who played a major role in helping 100 centers receive two decades of state funding; **Azim Khamisa,** who founded the Tariq Khamisa Foundation three years ago after his son was shot and killed while delivering pizza; and **Sen. Paul Wellstone** (D-MN), a longtime children's advocate and the only Democratic senator up for re-election in November 1996 to vote against welfare repeal last August.

Photo © Rick Reinhard

*CDF President Marian Wright Edelman (third from left) celebrates with five individuals who have made a difference for children: (l to r) Gretchen Buchenholz, Sophia Bracy Harris, the Rev. Walter Murray Jr., Azim Khamisa, and Sen. Paul Wellstone (D-MN).*

### Save the date!

CDF's 1998 conference will be held March 25-28 at the Convention Center in Los Angeles. For more information, call the CDF Conference Hotline, 202-662-3684.

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# One step for children

Stand For Children in your community on June 1, 1997

(see page 14)

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## Of Note

### Publications

***Disruption, Disaster, and Death: Helping Students Deal with Crises,*** from the Council for Exceptional Children, provides essential strategies for teachers, school administrators, and other education personnel who work with students routinely subjected to violence, natural disaster, and other crises. $26.95. Contact CEC, 1920 Association Drive, Reston, VA 20191, 1-800-CEC-READ.

***Does Your Child's World Scare You: Making the World a Better Place for Children,*** by Jeffery Warren Scott, Ph.D., uses facts, figures, and real-life stories to discuss problems facing children today (family life, violence, sex, economic woes, and health concerns) and gives parents solutions. $19.95 plus $3.25 shipping and handling for the first book. To order call Smyth & Helwys Publishing, 1-800-568-1248.

***Creative Partnerships for Prevention: Using the Arts and Humanities to Build Resiliency in Youth,*** developed under a grant from the U.S. Department of Education's Safe and Drug-Free Schools Program, is a free drug and violence prevention guide that offers successful strategies for keeping children safe and sober. To order, mail your name, school/organization, and address by August 1, 1997, to Learning Systems Group, 1819 L Street NW, Suite 300, Washington, DC 20036, or fax, 202-628-3020. Materials will be shipped by September.

***Making Managed Health Care Work for Children in Foster Care: A Guide to Purchasing Services,*** from the Child Welfare League of America (CWLA), helps purchasers of managed health care understand the needs of children in the foster care system. $14.95. ISBN: 0-87868-683-5. To order, contact CWLA C/O CSSC, PO Box 7816, 300 Raritan Center Parkway, Edison, NJ 08818-7816, 1-800-407-6273.

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**Three free pamphlets** are available to help keep kids off drugs. *50 Great Ideas For Your Red Ribbon Celebration* helps organizations and schools plan events encouraging young people to renew their commitment to a healthy and drug-free lifestyle. *How to Start a Parent Education Center For Your Organization* offers suggestions on how organizations can support their membership and their community by creating a parenting center that offers information, training, and other services. *How To Prepare a Successful Grant Proposal* is designed to help schools and organizations successfully obtain needed funding for violence prevention and substance abuse programs. To request any or all of these pamphlets, write: The Bureau For At-Risk Youth, PO Box 760, Plainview, NY 11803-0760, or call: 1-800-99-YOUTH.

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Children's Defense Fund

# CDF Reports

Marian Wright Edelman, President

June 1997
Volume 18, Number 7


## Campaign for CHILD Health Now

# Diverse coalition supports Hatch-Kennedy bill

For the first time, tobacco control, child advocacy, and health groups are united in support of legislation that would make health coverage affordable for the families of all 10 million uninsured American children, lower the federal deficit, likely curb teen smoking, and potentially save more than 830,000 of today's children from eventual tobacco-related deaths.

More than 150 diverse organizations representing tens of millions of Americans, including CDF, the American Association of Retired Persons, American Cancer Society, Families USA, National Association of Children's Hospitals, and the National Council of the Churches of Christ in the U.S.A., announced their active support of the bipartisan Hatch-Kennedy CHILD (Child Health Insurance and Lower Deficit) Act at a mid-May press conference in Washington, D.C. Since then, dozens of additional national organizations have joined the Campaign for CHILD Health Now, to form a broad-based coalition of more than 200 groups.

"I can't figure out why anybody would be *against* this bill," says CDF President Marian Wright Edelman. "It helps working families afford private health insurance for their children so they can learn and grow into productive adults. It lowers the deficit by $10 billion over the next five years. It stops millions of children from smoking and hundreds of thousands from dying prematurely, and it decreases the burden on taxpayers of smoking-related illnesses. And it is a bipartisan effort. *Everybody* should be for this bill."

### CHILD Act almost makes it into the budget

In a clear sign of the coalition's power and the bill's compelling cause, the provisions of the CHILD Act were almost added to the budget resolution on the Senate floor, despite the opposition of the Republican leadership and the Clinton administration, which nixed changes to the budget agreement

*(See page 2)*

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## Diverse coalition supports Hatch-Kennedy bill

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they had negotiated. On May 21, a budget amendment calling for a cigarette tax hike of 43 cents to fund state programs and making health coverage available to uninsured children was defeated narrowly, 55 to 45.

The amendment appeared likely to pass until Senate Majority Leader Trent Lott told President Clinton he would drop the budget resolution if the amendment passed, and the White House urged Democrats to vote no. However, supporters of the amendment denied that it changed the budget agreement, since it added both revenues and expenses. Eight Republicans voted for the plan, while eight Democrats voted no, including some who had spoken in support of the bill.

While applauding the 45 Senators who stood up for children's health against the tobacco industry and intense political opposition, Edelman vowed to move forward. "This setback is short-lived," she says. "We will fight on for as long as it is necessary until every one—not every other one—of America's 10 million uninsured children gets the health coverage that child needs."

This near-win against overwhelming odds has increased momentum for the CHILD Act, as Senators Orrin Hatch (R-UT) and Edward Kennedy (D-MA) pledge to work aggressively to move the legislation forward in this session of Congress. With the debate solely on the bill's merits, rather than on whether it would cause the budget agreement to unravel, the CHILD Act's prospects must be considered bright, says Edelman, provided there is an outpouring of support from citizens who want all children to have a healthy start in life.

## Children rapidly losing insurance

Today in America, 10 million children—one in seven—lack health insurance. Almost nine in 10 (88 percent) of them have working parents. Most of these families don't receive dependent coverage from their employers, earn too little to afford private health insurance, but too much to qualify for Medicaid.

"The children of these largely working families have been squeezed out of the health care system by costs they cannot afford," says Edelman. "It is unconscionable that parents who go to work every day and pay their taxes can't afford health care insurance for their children."

**"Offering health coverage to less than half of America's uninsured children is simply not enough. To which mother do you say, 'Sorry, but your child will be left behind'? How can we as a nation ask working families to understand that we will cover every 66-year-old but not every 6-year-old?"**

Private sector support for family health coverage has eroded dramatically in recent years. Since 1989, the number of children without private insurance has grown by an average of 1.2 million a year, or nearly 3,300 a day. And the cost of family coverage for parents whose employers don't offer or pay for health insurance is out of bounds for working families struggling to pay for other necessities.

Although the balanced budget agreement between the President and congressional leaders includes an initiative that would allocate $16 billion to cover as many as 5 million currently uninsured children, it would still leave millions of children in working families without health insurance and the number of uninsured children would continue to grow. And that, says Edelman, is why the CHILD Act amendment came so close to passing.

"Offering health coverage to less than half of America's uninsured children is simply *not* enough," says Edelman. "To which mother do you say, 'Sorry, but your child will be left behind'? How can we as a nation ask working families to understand that we will cover every 66-year-old but not every 6-year-old?"

## CHILD Act gaining support

The CHILD Act (S. 525), introduced by Senators Hatch and Kennedy in early April, grants $20 billion over five years in funds to states to help working families buy private health insurance that meets children's needs, while reducing the federal deficit by $10 billion over five years. The three states that would receive the biggest grants from the CHILD Act over five years are California ($3.4 billion), Texas ($2.6 billion), and Florida ($1.2 billion), according to a new CDF report. But The *Hatch-Kennedy CHILD Act: National and State-by-State Benefits* notes that every state would receive substantial grants to make health insurance affordable to all uninsured children based on the number in each state (see table, page 4).

The Hatch-Kennedy companion bill (S. 526) pays for this children's health coverage and deficit reduction through an increase in the tobacco tax of 43 cents per pack of cigarettes.

"During my 34 years in practice I have seen children who are seriously ill from ailments that should have been

*(See page 11)*

## New campaign coordinator

Emily Smith has been named coordinator of CDF's campaign to pass the Hatch-Kennedy CHILD (Child Health Insurance and Lower Deficit) bill. Smith has run numerous political campaigns all across the country and brings 10 years of experience to the fight for uninsured children.

As campaign coordinator, Smith will help raise awareness about the 10 million uninsured children in America and the CHILD bill, which would grant funds to states to help working families buy private health insurance that meets their children's needs.

CDF Reports

*CDF Reports* (ISSN: 0276-6531) is published monthly by the Children's Defense Fund, 25 E Street NW, Washington, DC 20001, 202-628-8787. Year subscription rate: $29.95. For change of address, please include your old mailing label with your new address. Write to the managing editor for permission to reprint any part of this publication. The Charles H. Revson Foundation provides support for all CDF publications.

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*Page 1 photo © Harry Cutting*

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# A Voice for Children

*by CDF President Marian Wright Edelman*

## Let's pray for God's *shalom* today

As people of faith, God not only has given us the power to do incredible things on behalf of children—God *urges* that we do so. With that mandate in mind, I am calling on people of faith all across America to join in the sixth annual National Observance of Children's Sabbaths to mobilize prayers, caring action, and advocacy for the health and wholeness of children and families.

Children's Sabbaths, October 17-19 this year, are a time for all congregations to unite in simultaneous witness for children (see page 5). This year's observance, "Seeking *Shalom:* Healthy Children, Healthy Nation," is a chance for congregations, communities, states, and our nation to focus on ways to assure that children are healthy and flourish as God intends.

God's will for creation is *shalom*, the health and wholeness that brings peace. Christians know *shalom* in the many healing acts of Jesus. A vision of creation as God intends it to be was voiced by the prophet Isaiah: "No more shall the sound of weeping be heard in it, or the cry of distress. No more shall there be an infant that lives but a few days ..." These words describe *shalom*, the health and wholeness that bring peace.

**The 1997 Children Sabbaths are a time for all people of faith to apply their religious convictions and deep spirituality to the vital health care concerns facing children and families today. Every congregation should do something to improve children's health and lives.**

We need God's *shalom* today, as our world still falls far short of the glorious new creation Isaiah described. We need the physical healing and care that will restore to people the health and wholeness God intends. Today, 10 million children in America have no health insurance, and cannot get the care they need to cure their illnesses, heal their injuries, and prevent unnecessary sickness and disabilities. A society that denies this essential protection to some people, especially its children, is desperately in need of *shalom*, a restoration of health and wholeness, justice, and right relationship.

The 1997 Children Sabbaths are a time for all people of faith to apply their religious convictions and deep spirituality to the vital health care concerns facing children and families today. No individual or congregation can do everything, but every individual and every congregation should do *something* to improve children's health and lives.

You can participate in your congregation's already-established efforts for children. You can help create new ones in countless ways—for example, leading religious education classes, programs, and prayer groups that focus on children's health; hosting immunization clinics in conjunction with your local health department; providing volunteers and donating children's books to your local health clinic; inviting pediatricians and educators to talk to your congregation about the problems, solutions, and opportunities for action; and becoming an outspoken advocate for ensuring children's health coverage in every community and state.

The problems facing children's health in this country are great, but God is greater. By working together faithfully, we can be instruments of God's *shalom*.



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## Children in the states helped by Hatch-Kennedy CHILD bill

| | Children without health insurance (estimated)* | | State grant amounts under the CHILD bill to cover uninsured children (in millions)† | Children in 1996 who will start smoking before adulthood‡ | Children who will die prematurely as adults due to smoking-related illness‡ | Lives saved by 43 cent federal tobacco tax and reduced number of teens who start smoking§ |
|---|---|---|---|---|---|---|
| | Number (1996) | Percent (1993-1995) | | | | |
| Alabama | 188,000 | 15.9% | 354 | 260,639 | 83,404 | 14,512 |
| Alaska | 20,000 | 9.9 | 38 | 56,246 | 17,999 | 2,448 |
| Arizona | 256,000 | 20.4 | 482 | 307,864 | 98,516 | 12,906 |
| Arkansas | 138,000 | 19.1 | 260 | 155,690 | 49,821 | 7,971 |
| California | 1,785,000 | 18.5 | 3,358 | 1,446,550 | 462,896 | 67,120 |
| Colorado | 131,000 | 12.1 | 246 | 271,694 | 86,942 | 14,519 |
| Connecticut | 85,000 | 10.0 | 160 | 175,501 | 56,160 | 7,806 |
| Delaware | 24,000 | 12.5 | 46 | 51,806 | 16,578 | 2,802 |
| District of Columbia | 21,000 | 16.9 | 40 | 15,398 | 4,927 | 621 |
| Florida | 645,000 | 17.3 | 1,214 | 928,464 | 297,108 | 47,240 |
| Georgia | 338,000 | 15.8 | 636 | 409,726 | 131,112 | 23,994 |
| Hawaii | 27,000 | 8.1 | 50 | 64,574 | 20,664 | 2,459 |
| Idaho | 52,000 | 13.7 | 98 | 76,230 | 24,394 | 3,854 |
| Illinois | 349,000 | 10.3 | 656 | 813,670 | 260,374 | 38,015 |
| Indiana | 177,000 | 11.0 | 334 | 439,515 | 140,645 | 26,160 |
| Iowa | 85,000 | 11.0 | 160 | 167,507 | 53,602 | 8,255 |
| Kansas | 81,000 | 11.0 | 152 | 153,862 | 49,236 | 8,370 |
| Kentucky | 140,000 | 13.2 | 264 | 274,693 | 87,902 | 17,493 |
| Louisiana | 278,000 | 20.4 | 524 | 331,366 | 106,037 | 18,450 |
| Maine | 40,000 | 12.5 | 76 | 97,536 | 31,211 | 4,775 |
| Maryland | 146,600 | 11.9 | 314 | 267,876 | 85,720 | 13,029 |
| Massachusetts | 139,000 | 9.2 | 262 | 330,186 | 105,659 | 12,573 |
| Michigan | 231,000 | 8.5 | 434 | 721,572 | 230,903 | 28,632 |
| Minnesota | 88,000 | 6.6 | 166 | 303,153 | 97,009 | 12,999 |
| Mississippi | 156,000 | 18.6 | 294 | 152,610 | 48,835 | 8,400 |
| Missouri | 172,000 | 11.5 | 324 | 372,052 | 119,057 | 21,192 |
| Montana | 30,000 | 11.8 | 56 | 47,014 | 15,045 | 2,648 |
| Nebraska | 44,000 | 9.2 | 82 | 110,913 | 35,492 | 5,572 |
| Nevada | 84,000 | 18.8 | 158 | 98,770 | 31,606 | 4,615 |
| New Hampshire | 32,000 | 10.3 | 60 | 74,303 | 23,777 | 3,899 |
| New Jersey | 244,000 | 11.5 | 460 | 423,728 | 135,593 | 20,203 |
| New Mexico | 137,000 | 24.9 | 258 | 104,271 | 33,367 | 5,506 |
| New York | 621,000 | 12.7 | 1,168 | 1,179,584 | 377,467 | 49,071 |
| North Carolina | 264,000 | 13.2 | 496 | 517,786 | 165,692 | 31,647 |
| North Dakota | 15,000 | 8.4 | 28 | 38,350 | 12,272 | 1,841 |
| Ohio | 297,000 | 9.7 | 558 | 891,129 | 285,161 | 49,618 |
| Oklahoma | 219,000 | 22.7 | 412 | 199,490 | 63,837 | 10,789 |
| Oregon | 111,000 | 12.6 | 208 | 191,688 | 61,340 | 9,017 |
| Pennsylvania | 316,000 | 10.2 | 594 | 857,371 | 274,359 | 41,995 |
| Rhode Island | 28,000 | 11.4 | 52 | 73,446 | 23,503 | 3,149 |
| South Carolina | 153,000 | 14.8 | 288 | 208,142 | 66,606 | 12,589 |
| South Dakota | 22,000 | 9.8 | 42 | 45,705 | 14,626 | 2,340 |
| Tennessee | 178,000 | 12.3 | 334 | 329,147 | 105,327 | 18,959 |
| Texas | 1,392,000 | 23.3 | 2,620 | 1,158,389 | 370,685 | 56,715 |
| Utah | 74,000 | 10.0 | 140 | 108,883 | 34,843 | 5,436 |
| Vermont | 12,000 | 7.5 | 22 | 38,613 | 12,356 | 1,779 |
| Virginia | 209,000 | 11.7 | 394 | 423,288 | 135,452 | 24,517 |
| Washington | 154,000 | 9.9 | 290 | 336,871 | 107,799 | 11,858 |
| West Virginia | 64,000 | 13.8 | 120 | 120,443 | 38,542 | 6,938 |
| Wisconsin | 95,000 | 6.6 | 178 | 365,907 | 117,090 | 16,861 |
| Wyoming | 21,000 | 14.5 | 40 | 31,669 | 10,134 | 1,794 |
| **United States** | **10,503,000** | **14.0** | **$20 billion** | **16,620,878** | **5,318,681** | **835,033** |

Notes: *Uninsured children are ages 0 through 18. The United States figure is for 1995; state figures are based on averages of percentages of uninsured children in 1993, 1994, and 1995. The three-year average is used because of small sample sizes. Data from the smallest states may not be reliable. 1996 Census estimates are used for the total child population in the states.

† State share of total dollars is based on estimated number of uninsured children.

‡ *From Morbidity and Mortality Weekly Report*, Vol. 45, No. 44, Pages 971-974, 1996. Children ages 0-17.

§ Child lives saved were calculated by the American Cancer Society based on research by Chaloupka and Grossman published by the National Bureau of Economic Research.

Sources: Census: March Current Population Surveys, 1994-96; Estimates of the population of the U.S. & states on 7/1/96, and 1990 Net Population Adjustment Matrix (11/96). CDC: MMWR Nov. 8, 1996. NBER Working Paper #5740.

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# Children's Sabbaths

## Inspiring prayer and long-term commitment to children

Photo © Harry Cutting

In the fall of 1996, a group of elders from tiny Bethany Christian Church (Disciples of Christ), in the inner-city of Louisville, Ky., made the startling discovery that many children were coming to Sunday school on their own, hungry and unable to concentrate.

To combat this problem, church members created the Bethany Children's Breakfast Club, which provides nutritious breakfast snacks each week to hungry children attending Sunday school. Teachers say that their students now are calmer, listen more, and are doing better in school.

Hands-on service projects such as the one initiated by Bethany illustrate how congregations—large and small—can take action to improve children's lives.

Initiated by CDF in 1992, the National Observance of Children's Sabbaths was created to celebrate and affirm congregational efforts for children and to inspire congregations to initiate new long-term efforts to address the ongoing problems facing children. Through the Children's Sabbaths, religious congregations of every faith "focus attention on children's needs and highlight their determination to live out the central faith mandates that call us to nurture and protect children," says CDF Director of Religious Affairs Shannon Daley-Harris.

The Children's Sabbaths are celebrated annually the third weekend in October when tens of thousands of religious congregations focus their worship services, education programs, and activities on children's needs. Many Children's Sabbaths are celebrated in individual congregations, while in some communities, congregations unite for an interfaith celebration.

"It was a great joy for our church to be part of the Children's Sabbaths," says the Rev. John Jacobs of New Hope Church in Boca Raton, Fla., after participating in a community service fair and interfaith worship service organized by the Greater Community Interfaith Coalition. "It brought some denominations and groups together that would not normally have come together. We had a wonderful turnout, including many leaders from the community."

The 1997 celebrations begin with services in synagogues and mosques on Friday, October 17, and conclude with services in churches and interfaith celebrations on Sunday, October 19.

Each year, Children's Sabbaths emphasize one aspect of the many challenges facing children in society, although congregations are encouraged to address the most urgent concerns for their particular congregation and community. This year, congregations will seek the *shalom* of health and wholeness for children and the nation, addressing the urgent crisis of 10 million uninsured children (see A Voice for Children, page 3).

### Uniting the religious community

St. Bernadette Catholic Church in Springfield, Va., organized an ecumenical service with five other churches as part of its 1996 Children's Sabbath, uniting individuals from the United Methodist, Lutheran, and Baptist denominations. In light of welfare repeal and concerns over the well-being of children, congregants donated children's

*(See page 6)*

### Children's Sabbaths

*(Continued from page 5)*

clothes, socks, gloves, food, and school supplies to the nonprofit group ECHO (Ecumenical Community Helping Others), according to Director of Religious Education Karen Murphy.

Photo courtesy of Jerry Bennett

*Children at Bethany Christian Church in Louisville, Ky., light a candle for the National Observance of Children's Sabbaths.*

The Washington Hebrew Congregation, located in the nation's capital, asked children to create posters, banners, and poems and to sing songs as part of its service, says Rabbi Joseph Weinberg. The congregation also reaffirmed its commitment to working with local nonprofits that provide services for single mothers and their children, as well as others who are hungry, homeless, or disadvantaged.

"Consciousness has certainly been raised through the Children's Sabbaths," says Weinberg.

### Improving children's lives

No matter how congregations choose to celebrate children during the Children's Sabbaths, congregants should come away feeling informed about children's needs and energized to take action to help address those needs.

"I think the key for the local church is to look inward and outward," says the Rev. Jody Johnson of Bethany, who helped design the Bethany Children's Breakfast Club. "To look inward and say, 'What is it that we can do to make the lives of our children better?' And then to look outward and say, 'What is it that we can do so that their lives will be better out in their community with their friends and with their neighbors?'"

Children's Sabbaths represent a jumping-off point, not an end point, in a congregation's focus on children, agrees Daley-Harris. "They are a means to an end of generating new long-term action for children and families."

Examples of long-term projects taken on by congregations include:

- The First Presbyterian Church in Monahans, Texas, started a state-licensed child care program, which serves more than 100 children every day.
- The Peace Mennonite Church in Lawrence, Kan., is working with other local groups and agencies to help young people and families who are victims of crime.
- The Church Council of Greater Seattle established ChildNet, a network of advocates that provides information about children's issues and supports direct services for children and young people.

### Focus on healthy children

The Rev. Johnson says the 1997 Children's Sabbaths at Bethany will build on two ideas that the church initiated last year—40 Days of Prayer for Children and Light a Candle for Children. Community members are asked to pray for children for 40 days before the beginning of Children's Sabbaths and to light candles in their homes, churches, and places of work as a way of remembering children and reflecting on their needs.

In keeping with the health theme, Rev. Johnson plans to add child and adult Bible study groups focusing on health care issues.

Drug and alcohol use, gang violence, and the lack of afterschool activities are ongoing problems in Lawrence, Kan., where congregations citywide will come together for an interfaith service, says Robin Hazel, a member of the Peace Mennonite Church.

"We're hoping that different churches will look at what their mission is," says Hazel, "and find an activity or project that fits with the needs of the community."

In addition to special worship services and education programs, advocacy activities that encourage congregation members to be voices for justice are an important component of the Children's Sabbaths. The Rev. Justus Reeves, minister of education for the Shiloh Baptist Church in Washington, D.C., says he'll be working with other places of worship to launch a Lobby Day for the Children's Sabbaths. Reeves plans to take local children and young people to Capitol Hill so they can make personal visits to their senators and representatives and urge them to take action on legislation affecting children, particularly health care.

"Our goal is to get Washington 100 percent committed to children," Reeves says.

Faith communities play an important role in boosting children's health and encouraging community members to commit to long-term action, says Daley-Harris.

"Children are less able to learn and develop into healthy adults when they don't have access to essential health care services, something religious educators like those at Bethany know all too well," says Daley-Harris. "Religious organizations have historically tended to not only the spiritual but also the physical, mental, and emotional health of people.

"Whether through providing food for hungry children and families or providing pastoral counseling, congregations have demonstrated concern for the total health and well-being of God's children. Now, as more and more children lack the basic assurance of health care to promote wellness and treat illness and injury, congregations have an even more urgent role to play reaching out with compassion and speaking out for justice."

*To order Children's Sabbaths resource booklets, see the coupon on page 9.*

# Planning a Children's Sabbath celebration

Now is the time to begin organizing your event for the 1997 National Observance of Children's Sabbaths, according to Shannon Daley-Harris, CDF religious affairs director. This year's Children's Sabbaths will begin with evening services in synagogues and mosques on Friday, October 17, and conclude with church and interfaith services on Sunday, October 19. Congregations unable to participate on that weekend are encouraged to choose an alternate date.

Here are some tips to help you pull off a successful event and lay the groundwork for future efforts to improve the lives of children:

- **Order "Seeking *Shalom*: Healthy Children, Healthy Nation,"** the Children's Sabbaths resource booklet, from CDF (see order form, page 9). The booklet is tailored to help congregations use the 1997 Children's Sabbaths to focus on children's health. It provides promotional materials, easy-to-use bulletin inserts, prayers, sermon notes, hymns, lesson plans, activity ideas, and follow-up suggestions. Congregations can order booklets for Protestant, Catholic, and Jewish congregations. A multi-faith booklet providing Muslim and other resources is also available (see order form, page 9).
- **Secure support.** Get approval from the appropriate clergy, staff, or committee. Then put the date on your congregation's calendar.
- **Recruit a team.** Gather people from your religious community to serve on a Children's Sabbaths committee. These individuals should share a common interest in children and enjoy doing a variety of planning tasks—from designing artwork to developing a creative service to handling the mechanics of the celebration. Try to include a child or young person on your committee.
- **Determine the format.** In addition to the worship service, consider scheduling education classes, fellowship time, and women's, men's, singles', or youth group meetings. Or use the Children's Sabbath to kick off or conclude an educational series on the needs of children.

Draw on local resources. Consult your local library, health department and social service agencies for background material, data, and statistics to help people understand the state of children in your community. If you have access to a computer, explore CDF's World Wide Web site at *www.childrensdefense.org* for a range of information on children's issues and advocacy.

- **Include local health experts in activities.** Involve pediatricians, nurses, hospital staff, WIC (Special Supplemental Food Program for Women, Infants, and Children) coordinators, and others from child advocacy organizations.
- **Recruit volunteer help.** Sign up volunteers to prepare for and carry out Children's Sabbath activities.
- **Promote your Children's Sabbath.** Distribute materials and talk to community members about Children's Sabbaths. Display posters, pitch stories to the local media, and include event announcements in your congregation's newsletter and local papers.
- **Plan to build on the Children's Sabbaths.** Remember to focus on ways of sparking long-term action on behalf of children before, during, and after the Children's Sabbath planning process.

## Attend the Institute for Child Advocacy Ministry

Ministers, seminarians, Christian educators, lay leaders, and others can participate in an extraordinary time of spiritual renewal and continuing education and forge connections with other faith-based child advocates, says CDF Director of Religious Affairs Shannon Daley-Harris, by attending CDF's 1997 Institute for Child Advocacy Ministry. This year's Institute will be July 21-25 at the former Alex Haley Farm in Clinton, Tenn.

"The farm provides a beautiful and relaxing setting for learning new church-based models and strategies for improving the lives of children," says Daley-Harris, "and it will help people of faith recharge their batteries." Mornings at the Institute will begin with singing and devotions while the evening features inspiring sermons by some of the nation's greatest preachers.

The nationally renowned leadership for the 1997 Institute includes the Rev. Charles Adams, the Rev. Walter J. Burghardt, S.J., the Rev. William Sloane Coffin, the Rev. Suzan Johnson Cook, the Rev. Dr. Eileen Lindner, and the Rev. Otis Moss, Sr.

The Rev. Margaret Lowe, minister for children and family life at the South Side Christian Church in Kokoma, Ind., attended the summer Institute two years ago. Says Rev. Lowe, "Through my work and association with CDF, I am more able to respond appropriately to [children's and families'] changing needs."

For information about the summer institute, contact CDF's Religious Affairs Division, 202-662-3589.

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# Ensuring an ongoing commitment to children's health

It is vital that participants in the 1997 National Observance of Children's Sabbaths channel the energy generated during their celebrations into long-term action on behalf of children's health, says CDF Director of Religious Affairs Shannon Daley-Harris.

"Children have health needs all year round," says Daley-Harris, "not just one day or weekend a year. If every adult in every congregation would make one specific commitment of how they will work to improve children's health—whether it is volunteering at a health clinic, donating money or items to programs providing health care, spreading the word about the importance of immunizations, or writing elected representatives about the importance of health insurance—we could help ease some of the problems children face."

Depending on your congregation's size and resources, consider modeling future child advocacy efforts on one of the following health-oriented programs:

**Young & Healthy.** This project is ideal for larger congregations, those with dedicated volunteers, or with resources to hire a coordinator.

*How it works:* Young & Healthy provides free access to health care for uninsured and underserved children from low-income families, identified by school nurses, through physicians, dentists, therapists, and other health care professional volunteers. The program is available to public schools, homeless shelters, and selected child care centers. A staff person and volunteers coordinate referrals from school nurses with the health care providers who have agreed to donate time.

*Information:* Mary Donnelly-Crocker, Executive Director, Young & Healthy, 325 South Oak Knoll Ave., Pasadena, CA 91101, 618-795-5155.

**Immunization Drive/Children's Health Public Education Campaign.** These projects work well in churches, synagogues, or mosques located in neighborhoods with many children needing immunizations; those running child care, preschool, or Head Start classes during the week; and those with congregation members who are ready to invest time in outreach activities or with professional members in local businesses.

*How it works:* To organize an immunization drive or public education campaign, speak with local health professionals to get information on providing low-cost immunizations in your community; share information with parents, child care providers, and employers; contact local health officials about the possibility of offering immunizations at the church, at the child care, preschool, or Head Start program housed in your facility or in other child care settings; and ask local businesses to offer incentives or discounts to parents who immunize their children.

*Information:* Call the National Immunization Hotline, 1-800-232-2522.

**The Elizabeth Project.** This program is ideal for small congregations that may be financially limited, or congregations with active women's or mothers' groups.

*How it works:* The project pairs pregnant teens in need of love and support with compassionate women who serve as mentors throughout the pregnancy and birth process. The team participates in a 12-week program providing information on prenatal care, childbirth, and parenting, with an emphasis on responsible decision-making and building self-esteem.

*Information:* The Rev. Judith Fa-Galde Bennett, Virginia Council of Churches, 1214 W. Graham Rd., Suite #3, Richmond, VA 23220-4019, 804-321-3300.

**Baby Basics.** This project suits congregations with financial resources but few volunteers, and those with active youth or women's groups that may want to take on this project.

*How it works:* Members of churches and synagogues donate baby supplies such as diapers, baby formula, bottles, and crib sheets for young pregnant women in the community. The gear is stored and distributed by the health department as incentive items to urge pregnant women to receive prenatal care.

*Information:* Southern Regional Project on Infant Mortality, 444 N. Capitol St., N.W., Suite #200, Washington, DC 20001, 202-624-5897.

## New Children's Sabbaths coordinator

Marie Quinlan has been named religious outreach associate in CDF's Religious Affairs Division. In that role, Quinlan will coordinate the National Observance of Children's Sabbaths, held annually the third weekend in October. She will also provide resources and support to efforts for children in the Roman Catholic community.

Quinlan has more than 20 years experience in the religious community developing and managing programs, designing training materials, and building grassroots networks. Most recently, she was senior program development specialist at the U.S. Catholic Conference Office of Migration and Refugee Services where she coordinated their annual National Migration Week celebration.

As religious outreach associate, Quinlan will develop resource booklets for religious congregations organizing Children's Sabbaths celebrations in their own communities and help congregations in their ongoing effort to make a difference in children's lives.

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# Congregations highlight children's needs

Thousands of congregations in communities across the United States affirmed their commitment to children as part of the 1996 National Observance of Children's Sabbaths. For example:

• St. Bartholomew's Episcopal Church in Baltimore, Md., hosted an intergenerational church event in which inner-city congregations put together kits for foster care children and collected items for the local food pantry. Following a service focused on children, the church hosted a book sale, with proceeds going to help neighborhood children.

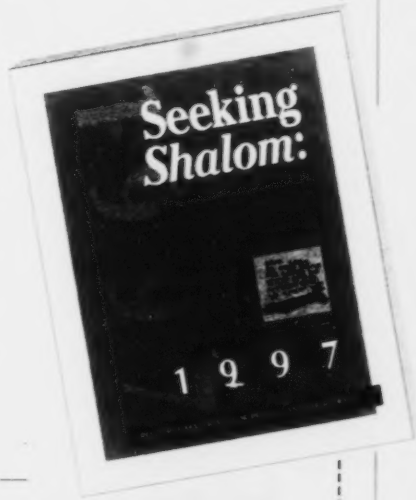
• The Hebrew School of Temple Judea in West Palm Beach, Fla., used posters to highlight local statistics revealing how area children are faring and donated school supplies to a new homeless shelter for children.

• Operation Getting It Together, in Sebastopol, Calif., held a Choirs for the Children event. Churches, synagogues, and mosques were open to the public during a 24-hour period. Singing and bell-ringing occurred at intervals during the weekend to draw attention to children's needs. There was a candlelight march from churches to synagogues to mosques at dusk on Sunday.

• Members of the Corydon Presbyterian Church in Corydon, Ind., started a Hope Chest to collect items for a halfway house serving children in foster care. They also put on a puppet show and held a workshop for children as part of their Children's Sabbaths activities.

• The Archdiocese of Philadelphia and Philadelphia Citizens for Children and Youth sponsored an interfaith service and asked children to collect pennies for children and families in need. A tree was decorated with treats for a local shelter. The Children's Sabbaths weekend also featured a gospel rap concert, parade, and workshops on AIDS, safety and relationships.

## Children's Sabbath Resource Booklet Order Form




Name: _____

Address: _____

_____

City/State/Zip: _____

Telephone: _____ Fax: _____

E-Mail: _____

Church/Synagogue/Mosque: _____
*(if not part of address)*

*Please send resource booklet(s) (indicate version and quantity)*

❑ Protestant _____ ❑ Catholic _____

❑ Jewish _____ ❑ Multi-Faith _____

Did your congregation observe a Children's Sabbath last year? ❑ Yes ❑ No

**Charges cover postage and handling: 1-4 kits, $5 each; 5-9 kits, $4 each; 10-19 kits, $3 each; 20-29 kits, $2.50 each; 30-49 kits, $2 each; 50-99 kits, $1.50 each; 100+ kits, $1 each.**

Please complete this form and mail in an envelope with payment to:
Children's Sabbaths, P.O. Box 90500, Washington, DC 20090-0500.

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# Short Takes

## Study on television violence criticizes age-based ratings

The new age-based television rating system may be backfiring by causing a "forbidden fruit" effect that attracts children to inappropriate viewing. That is one key finding of a recent study on television violence. The study suggests that the TV ratings system may need to be reformed to add more information for parents and less temptation for children—that is, assign a "V" for violence, an "S" for sexual content, or an "L" for strong language, in a content-based system, rather than simply a "PG-14." At press time, several cable and broadcast networks indicated they would move to such a system in response to pressure from parents and children's advocates.

The second annual National Television Violence Study (NTVS) asked 372 young people how much they wanted to see eight programs to which researchers assigned different types of ratings. The age-based ratings on which the TV ratings are modeled, the Motion Picture Association of America (MPAA) ratings, proved most likely to entice children to watch inappropriate programming. Older children ages 10 to 15 wanted to see a program significantly more when it was rated "PG-13" or "R," and significantly less when the same show was rated "G." In contrast, none of the content-based systems—including those used by the HBO and Showtime networks for the past 10 years and the model advocated for all networks—attracted children to programs with higher level ratings.

Because research shows the effects of television differ according to the type of content viewed and that violent content has especially harmful effects on children, it is important that parents be alerted specifically to the violent content of programs, according to the report. The NTVS includes three additional studies on television violence that contained findings that 61 percent of all TV shows contain some violence and that children's cartoons are the most violent of all television shows.

*A copy of the NTVS executive summary for all four studies is available for $10 through the University of Wisconsin, Madison's Center for Communication and Social Policy, 805-893-7879.*

Photo © Barbara Conmes

## Administration conferences focus on children's needs

Two recent White House-sponsored conferences have drawn attention to the needs of American children and will, hopefully, encourage more citizens to take action to improve children's lives.

In mid-April, as research was released showing that children's first three years of life are extraordinarily important in determining their intellectual development, the White House brought more than 100 experts together for a one-day conference on early childhood development. The conference resulted in greater awareness of very young children's needs and an announcement by the Administration that it would host a November 1997 conference on child care.

"Child care and early childhood development are critical issues, especially in light of welfare repeal," says CDF Child Care Director Helen Blank. "We have a long way to go to ensure all children receive safe, good quality child care that will help them grow into productive adults."

In late April, about 3,000 delegates gathered in Philadelphia for the President's Summit for America's Future. The three-day conference was designed to mobilize individuals and organizations to help give young people access to five resources: an ongoing relationship with a caring adult; safe places and structured activities during nonschool hours to learn and grow; a healthy start; a marketable skill through effective education; and an opportunity to give back through community service.

"We applaud all of the summit's stated objectives," says CDF General Counsel Jim Weill. "The importance of giving children a healthy start is why CDF is working intensively in 1997 to garner support for the bipartisan Hatch-Kennedy CHILD Act, which will help make health insurance affordable for the 10 million uninsured children in America."

## 1997 Federal Poverty Guidelines

(Household income levels below which individuals and families are considered poor)

| Size of Family | 48 Contiguous States & District of Columbia * | Alaska * | Hawaii * |
|---|---|---|---|
| 1 | $ 7,890 | $ 9,870 | $ 9,070 |
| 2 | 10,610 | 13,270 | 12,200 |
| 3 | 13,330 | 16,670 | 15,330 |
| 4 | 16,050 | 20,070 | 18,460 |
| 5 | 18,770 | 23,470 | 21,590 |
| 6 | 21,490 | 26,870 | 24,720 |
| 7 | 24,210 | 30,270 | 27,850 |
| 8 | 26,930 | 33,670 | 30,980 |

* For family units with more than eight members, add $2,720 for each additional member.
* For family units with more than eight members add $3,400 for each additional member.
* For family units with more than eight members, add 3,180 for each additional member.

Note: These federal poverty guidelines are determined by the U.S. Department of Health and Human Services and are used by various agencies to establish program eligibility. They differ slightly from the federal "poverty thresholds" used by the U.S. Census Bureau for statistical purposes.

*Source:* Federal Register: March 10, 1997, Volume 62, Number 46, Pages 10856 - 10859.



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### Diverse coalition supports Hatch-Kennedy bill

*(Continued from page 2)*

taken care of with a routine doctor's visit," says David Rosenthal, M.D., president-elect of the American Cancer Society. "I have also seen the deadly impact of tobacco use on our society."

Tying health insurance to a tobacco tax increase, Rosenthal emphasizes, will reduce the number of young people who are smoking by more than 16 percent and will likely save from premature death in adulthood 830,000 of today's children—from 1,779 children in Vermont to 67,000 in California (see table, page 4).

Support for the Hatch-Kennedy CHILD Act is growing. A *Wall Street Journal*/NBC News poll conducted by Hart-Teeter between April 20 and 25 found that 72 percent of the American public favor raising cigarette taxes by 43 cents a pack to provide health insurance for uninsured children. Even about half the smokers polled favored the increase. Support was strong nationwide; 69 percent of those polled in the South, which includes tobacco-producing states, favored Hatch-Kennedy.

> **"The quality of health care people receive when they are young has a tremendous impact on their quality of life as they grow older."**

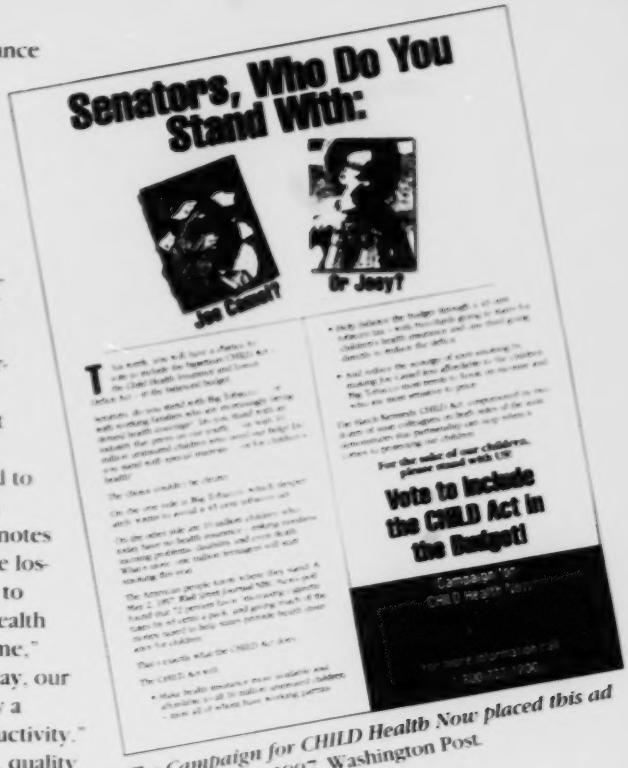
### Children need a healthy start

Children need health coverage to get a better start in life, says Tess Canja, American Association of Retired Persons vice president. "The quality of health care people receive when they are young has a tremendous impact on their quality of life as they grow older," says Canja. "When you improve the present, you also improve the future."

More than half of uninsured children with asthma and one-third of uninsured children with recurring ear infections never see a doctor annually. Many of these children are hospitalized because of preventable asthma attacks or suffer needless permanent hearing loss from untreated ear infections.

A lack of health insurance negatively affects children's education, says Janice Weinman, executive director of the American Association of University Women. "Children can't learn if they are sick," says Weinman. "They can't learn if they've had a persistent ear infection that has permanently affected their hearing ... or if they can't see the blackboard."

Sick children also tend to miss more school, which doesn't further learning, notes Weinman. "Children ... are losing out each day they go to school without proper health care or if they stay at home," says Weinman. "Either way, our nation will ultimately pay a higher price in lost productivity."




*The Campaign for CHILD Health Now placed this ad in the May 21, 1997,* Washington Post.

Accessible, affordable, quality health and mental health care services are essential in the child welfare system, according to David Leiderman, executive director of the Child Welfare League of America. The high cost of caring for children with physical and mental disabilities and private health insurance restrictions on pre-existing conditions make it difficult for families to adopt children with special needs. "Health insurance," says Leiderman, "is key to reuniting the thousands of children in foster care with their biological families, and, when that is not possible, to permanently placing them in adoptive homes."

### Join the Campaign for CHILD Health Now

Organizations of all sizes are urged to join the national campaign, says CDF Director of Grassroots and Community Affairs Jay Hedlund (see sign-on statement, page 12). The Campaign for CHILD Health Now is working to educate the public about the multiple health and economic benefits of the Hatch-Kennedy CHILD legislation.

The first steps in the group's public education effort are a 60-second radio advertisement, which began airing May 14 in eight states, and a print ad that ran in the May 21 *Washington Post*.

Four new print advertisements depicting children and young people as the most likely Americans not to have health insurance have been created for CDF by Fallon McElligott, a Minneapolis ad agency. The ads are available to advocates in poster format for distribution (see page 13).

"We're asking advocates to call upon their media contacts to do stories about the Hatch-Kennedy legislation," says Hedlund. "Advocates also can write letters to the editor, place opinion pieces, be guests on or call in to talk radio shows, give speeches to business and civic groups, or hang health campaign posters in libraries, doctors' offices, hospitals, and recreational facilities."

Hedlund advises advocates to bolster their argument for children's health insurance by using facts from their own states (see table, page 4). Advocates, he says, also can keep the dialogue going about Hatch-Kennedy by telling everyone they know about the benefits of the legislation. (For tips on how to get a health message on talk radio, see page 17.)

The Hatch-Kennedy CHILD bill is a win-win proposition, says Edelman. "We all have a chance as Americans to do something good for children," she says. "We know what to do. We just have to do it."



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# Attention organizations: Sign on to the support statement for the Hatch-Kennedy CHILD legislation, S. 525 and S. 526

We support and urge the Congress to pass the bipartisan Hatch-Kennedy CHILD (Children's Health Insurance and Lower Deficit) legislation, S. 525 and S. 526.

Every child deserves a healthy start in life. There are presently 10 million uninsured children in the country under age 18 who cannot count on access to quality health care when they need it. Nine in 10 of these children have a parent who works. The number of children without private health insurance increases by 3,300 every day.

The Hatch-Kennedy CHILD legislation makes child health coverage accessible and affordable for the families of these 10 million uninsured children:

- The Hatch-Kennedy CHILD legislation mandates grants to states to provide vouchers to pay all or part of the cost of private health insurance for five million uninsured children and pregnant women in families with incomes too high for Medicaid.
- Parents of the two million uninsured children in families with incomes too high to qualify for vouchers could buy health insurance for their children at the low-cost group rate from the same health plans that contract with the state for the voucher system.
- Three million additional uninsured children would have access to health coverage because they are eligible for Medicaid today and would be enrolled in the program.

The Hatch-Kennedy CHILD legislation funds children's health coverage through a 43 cents per pack increase in the federal cigarette tax. It is estimated that this tobacco excise tax increase will raise $30 billion over five years—$20 billion to fund children's health coverage and $10 billion for deficit reduction—and also reduce smoking by children and youth by almost 16 percent nationwide.

Now is the time to provide health insurance coverage for all of America's children.

Organization _____

Contact Name _____

Address _____

City, State, Zip _____

Phone (daytime) _____ (evening) _____

Fax _____ E-mail address _____

Fax your signed statement to: Corina Cortez, Children's Defense Fund, 202-662-3550, or Susan Polan, American Cancer Society, 202-546-1682.

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# Order posters for the Campaign for CHILD Health Now

Advocates, you can help spread the word about the 10 million uninsured children in America by ordering any of four new informative posters. Distribute them to local hospitals, health clinics, doctors' offices, libraries, recreation departments, day care centers, schools, and anywhere else that children and families visit.

Each 36" x 27" poster highlights the fact that children are rapidly losing private health insurance through their families' employers, but notes that there *are* viable solutions to the problem.

The posters are $5.95 each, plus $2 shipping and handling for the first item and $1 for each additional item. To order, contact CDF Publications, 25 E Street NW, Washington, DC 20001, 202-662-3652.

# Necessary

*News from the Black Community Crusade for Children*

## Juvenile judges seek prevention balanced with punishment

Even though juvenile violent crime has been falling since 1994, the daily headlines and television reports continue to paint an image of a young generation gone berserk, with violent crime and disrespect for authority growing uncontrollably. The easiest solution, in the eyes of many politicians seeking to capitalize on people's fears, is to build more prisons and lock up young law-breakers for longer periods of time. But the judges who are on the front lines of the continuing battle against juvenile crime suggest very different answers than the ones being offered today in Congress.

The pressure is now on in Washington to pass a juvenile crime bill. One piece of that bill already has passed in the House, H.R.3, the Juvenile Crime Control Act, which provides $500 million a year for states to punish young offenders, calls for trying more children in adult courts, and devotes not a penny to prevention. Also awaiting passage is a second House bill (H.R.1818) that threatens to undermine the Juvenile Justice and Delinquency Prevention Act of 1974, which is the primary grant the federal government allocates to states to run juvenile courts, with such existing conditions as states must protect truants and runaways from unjustified incarceration and juvenile delinquents from incarceration with adults. On the Senate side, another bill (S.10) includes certain harmful provisions similar to the two House bills. All three pieces of legislation fail to invest adequately in prevention and emphasize trying children as adults and imprisoning children with adults (see box, page 14). A comprehensive bill, based to some degree on all three measures, is expected by midsummer.

### Getting beyond the rhetoric

Juvenile violence and crime are serious concerns, and effective—and cost-effective— steps must be taken to prevent them. But politicians are pushing

*Judge Gloria Dabiri*

the public's panic button on the issue of violent juvenile crime, says New York Supreme Court Justice Gloria Dabiri, despite federal crime data that juvenile offenses have fallen over the past couple of years. In 1995, for the first time in nearly a decade, juvenile arrests for violent crimes—murder, rape, robbery, and aggravated assault—declined, according to U.S. Justice Department figures. In addition, young people under age 15—often labeled in the media as a new generation of callous "super predators"— accounted for more than half of the decline in those arrests between 1994 and 1995. And juvenile murder arrests declined 23 percent between 1993 and 1995, to fewer than 2,000.

Not only do more incarceration of children and other tough-sounding measures too often fail to reduce the crime plaguing our communities, say Dabiri and others, but they also dismiss the data, the potential of the juvenile courts, and the lengthy research showing that family support, education, and crime prevention are better investments.

"Get-tough rhetoric without a true plan for improving the conditions and circumstances that help lead to criminal behavior won't make children safer or keep them out of trouble," says Black Community Crusade for Children (BCCC) staff attorney Neil Stanley. "Unfortunately, many of the proposals before Congress don't invest enough in the kinds of positive activities that steer young people away from violence, crime, courts, and, ultimately, incarceration."

And while some youths are violent and must be separated from society, they still must be treated fairly and given a chance to avoid crime and violence in the first place, Stanley says. "However, many of the congressional proposals seem more designed solely to warehouse all young offenders, rather than to balance community safety needs with the youths' potential or rehabilitation."

Judge Glenda Hatchett, chief judge of the Fulton County, Ga., Juvenile Court, agrees.

"We must begin to shift the debate away from the rhetoric of 'three strikes and you're out' and launch a more massive effort to keep kids away from the justice system before their first strike," says Hatchett, chairwoman of the BCCC's Juvenile and Family Court Judges' Leadership Council (JLC), which held an April summit at the former Alex Haley Farm in Tennessee. "Granted, there are some young people that must be locked up, but we need to find them secure detention centers that don't mix them with adults or give up on their futures. And we have to ignite new attention to prevention programs and do a much better job with the kids in our foster

*(See page 15)*

**"Get-tough rhetoric without a true plan for improving the conditions and circumstances that help lead to criminal behavior won't make children safer or keep them out of trouble."**

## Juvenile judges seek prevention balanced with punishment

*(Continued from page 14)*

care system. Whatever went wrong with the young people I see in my courtroom didn't happen the night they robbed a convenience store or carjacked somebody. 'Three strikes and you're out' gives no comfort to an adult when he is standing over the grave of a dead child."

> **"The public must begin to realize that eventually it will have to deal with the individuals it locks up. They are all innocent children before they start getting into trouble. Sometimes it's very frustrating from where I sit because this seems so basic."**

### 'The same kids again and again'

For the most part, the public doesn't understand what is going on with children inside the courtroom, says Judge Angela Roberts of the Richmond (Va.) Juvenile and Domestic Relations Court, who, along with Dabiri and Hatchett, attended the April summit. "It's dismaying to see the disproportionate number of Black kids coming through the court—and it's the same kids again and again," she says. "Many of the kids who were introduced to our court system because of abuse and neglect wind up there down the road, only next time it's on the delinquency side."

She called on the Black community, in particular, to claim more of a responsibility in assuring that Black youths, who make up a disproportionate number of those passing through the justice system, steer clear of the courts. "There are some really simple things people can do, like keeping children busy, helping them find meaningful recreation, linking them with mentors, and seeing that they stay in school."

Education is key, Roberts maintains, noting that many of the youths who get ensnared in the court system have special education needs. A disproportionate number are also mentally disturbed or mentally retarded, and most have problems reading, comprehending, and doing basic math, she says. "The public must begin to realize that eventually it will have to deal with the individuals it locks up," Roberts says. "They are all innocent children before they start getting into trouble. Sometimes it's very frustrating from where I sit because this seems so basic."

*Judge Angela Roberts*

### A step in the right direction

The summit participants agreed that the meeting at Haley Farm was helpful in their work to keep communities safe and children out of trouble. "It has been such an inspiration to be in touch with other judges and to get the opportunity to interact with them," says Judge Clinton Deveaux of the Atlanta Municipal Court.

"The only way to begin to make a difference is to look at some of the proven initiatives being implemented in other jurisdictions and start applying them at home," Deveaux comments. "Increasingly, we are communicating with legislators, city council persons, and members of the county council to inform them about what's going on. We want to give them an honest view of what we experience every day in the juvenile court system."

"The summit is also an excellent opportunity for personal leadership development," Roberts says. "Not only do we get to brainstorm with our colleagues and talk about effective programs that can be replicated, but it's a time for fellowship and spiritual support."

And, also on the positive side, Dabiri says she witnessed a recent sign that more people, including police officers and prosecutors, are recognizing it will take more than punishment to address youth crime. "I spoke at a National Prosecutors Association conference recently, and the title of the meeting was 'Combating Juvenile Crime Through Prevention,'" she says. "It's nice to see that the district attorneys of major cities and others are understanding that it's part of their job to address this issue *before* children end up in court." And, she adds, taking that message to Congress is the next necessary step.

## What's wrong with current federal youth crime bills?

Current legislative proposals to try more children in adult criminal courts (see story, pages 14-15) would advance policies not proven to reduce youth violent crime or keep children out of trouble. They would:

- Move more children into the adult court system. Yet two 1996 studies have shown that children adjudicated in adult criminal court are more likely to commit crime again than those handled in juvenile court.
- Move more children into adult jails and prisons with adult inmates. Children housed with adults are more likely to be physically and sexually assaulted; not receive the education, counseling, treatment, and rehabilitation available in secure juvenile facilities; and will learn more about crime from adult inmates.
- Fail to adequately invest in prevention. Youths with mentors are less likely to have trouble in school, use alcohol and drugs, or hurt someone. And investments in prevention and parent training reduce more serious crimes per dollar spent than "three strikes you're out" legislation.

# Los Angeles, Atlanta, and Twin Cities students Beat the Odds

Seventeen high school students in Los Angeles, Atlanta, and Minneapolis-St. Paul were honored at recent Beat the Odds ceremonies for their academic excellence, commitment to community service, and individual perseverance despite daunting obstacles.

The students recognized April 24 in Los Angeles at the seventh annual Beat the Odds Youth Leadership Award presentations were **Canana Coney**, Alain LeRoye Locke High School; **Andria Foster**, Jordan High School; **Michele Mouan**, Ganesha High School; **Heidi Ray**, John Muir High School; and **Roxanna Salvatierra**, Banning High School.

Each honoree received a $2,000 cash scholarship, a Kodak camera, a tour of Universal Studios and passes to its theme park, and tickets to a Los Angeles Lady Sparks basketball game.

The master of ceremonies was **Doug E. Doug**, co-star of "Cosby," and presenters included **Sister Jennie Lechtenberg**, executive director of PUENTE Learning Center; actress **Liz Torres**; **Dr. Reed Tuckson**, president of Charles Drew University of Medicine & Science; **Ron Wakabayashi**, executive director of the Los Angeles County Human Relations Commission; and **Dr. Laura Wiltz**, chief executive officer of the YWCA of Greater Los Angeles.

On April 15, Atlanta and Fulton County, Ga., high school students receiving awards included: **Demitrus Blackmon**, Southside High School; **William Bohanon**, Riverwood High School; **Shavonna Stevens**, Creekside High School; **Jessica Moore**, Riverwood High School; **Elizabeth Persaud**, Roswell High School; **Gena Riley**, Carver High School; and **Monica Roland**, Douglass High School. For their efforts, each student received $1,000, a paid summer internship, a medal of achievement, and other gifts.

Photo courtesy of Alex Jones

*Fulton County Commission Vice Chair Nancy Boxill (third from left) with Atlanta and Fulton County, Ga., Beat the Odds recipients.*

Since 1993, the Fulton County Roundtable on Children has organized the event based on CDF's Beat the Odds model.

In Minneapolis-St. Paul, those recognized at the April 8 CDF/ Pillsbury Beat the Odds Banquet were: **Sahasha Berry**, North High School; **Reuben Moore**, Washburn High School; **Chue Lee**, Edison High School; **Jason Mulligan**, Humboldt High School; and **Heather Neumiller**, South High School. Each honoree received a $2,000 scholarship.

Presenters included Minneapolis Mayor **Sharon Sayles Belton** and KARE-TV meteorologist **Ken Barlow**. Emcee for the evening was KARE-TV anchor **Pat Miles**.

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**Grace Reef** has joined CDF as director of the Department of Intergovernmental Relations. The new department integrates CDF's legislative activities at the federal, state, and local levels of government—a critical function given the implementation of federal welfare repeal in states, counties, and municipalities. Reef is charged with coordinating federal relations, working with state, local, and county legislatures, and building ties to national organizations, such as the National Governors' Association, National Council of State Legislators, and National Conference of Mayors.

Reef comes to CDF after 13 years in the U.S. Senate, where she was a senior adviser on children's and poverty issues. Most recently, she was leadership adviser to Senate Minority Leader **Tom Daschle** (D-SD) and, before that, leadership adviser to then-Senate Majority Leader **George Mitchell** (D-ME). During her tenure with Sen. Mitchell, Reef worked extensively with CDF to help enact the Child Care and Development Block Grant bill.

*Grace Reef*

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Child advocates and budget-watchers in Minnesota have three new resources from which to draw.

The *1997 Minnesota KIDS COUNT Data Book* features information and data on 10 indicators of child well-being for every county in Minnesota. *Minnesota's Fiscal Years 1998-1999 Budget: An Opportunity for Children & Families* represents a detailed alternative state budget that allocates the state's surplus money for education, child care, employment and training, and child abuse prevention. *The Minnesota Family Investment Program-Statewide: Minnesota's Response to Federal Welfare Reform* is CDF-Minnesota's analysis of the state's newly passed welfare reform legislation.

*To order* KIDS COUNT *($12 plus shipping) call 612-870-3670. To order the* Children's Budget *or* Minnesota's Reponse to Federal Welfare Reform *($1 for postage) call the CDF-Minnesota office, at 612-227-6121.*

## Media Tips

*by Lynn Bowersox-Megginson, CDF Director of Communications*

# Talk radio: Getting your health message on the air

To get the word out about the need to provide health coverage to all 10 million uninsured children in America, advocates should call in to or arrange to be guests on talk radio shows. Talk radio can go a long way toward educating listeners and influencing public opinion; one-sixth of all Americans tune in on a regular basis, according to a recent Times Mirror study.

"Radio is an active medium," says Richard Strauss, president of Strauss Radio Strategies, Inc., a Washington, D.C., public relations and communications strategies firm. "It resonates with the listener ... and, therefore, it works."

Since 1980, the number of talk radio stations has jumped from 200 to 1,300, and the number of stations combining news *and* talk is approximately 2,400. "Now there is an opportunity in almost every market for advocates to get the word out about children's needs through talk radio," says Strauss.

Indeed, advocates have an *obligation* to share their experiences, stories, and views. Talk radio is popular and influential—but it also is populist, lending itself to the concerns of child advocates. The fact that some extremists have used the medium to their own advantage shouldn't deter advocates from participating. In fact, it should spur them to use the medium more effectively.

### Calling in to a show

Just getting your call answered is half the battle. To increase the chance of getting through, Strauss suggests that child health advocates call in at the *beginning* of the show since there will only be time for a handful of callers. The phone lines likely will be busy, so be persistent.

Strauss also recommends dialing in as soon as you hear another caller hanging up. Calling from a cell phone may also put you ahead of other callers, he says, so be sure to tell the show's screener if you are calling from a cell phone.

Ultimately, the screener has final say on whether you get on the air, so advocates must quickly give the impression that they are articulate, on topic, and have a question that will make interesting radio. It often helps to refer to what's already been said, and particularly to identify yourself as an expert. The more you can cite firsthand experiences, the more appealing you will be to the screener. For example, say, "The host said that it's not important for children to have health insurance, and as a teacher, I want to tell you about one of my students named Jenny. She can't concentrate because she has an earache and because she doesn't have insurance, she can't go to the doctor and is in pain. I would like to know how children are expected to do well in school if they can't learn."

Advocates who make it through the screening process will be put on hold. While you wait, listen closely so you'll be able to react to what's been said. Just before you're put on the air, you'll usually hear a click that magnifies the volume. At this point, the show is piped through your earpiece, so be sure to turn off your radio—particularly since many shows broadcast on a five- or seven-second delay.

Ask your question and try to make a brief point. Speak with passion and use statistics.

Try to appeal to the audience. For example, remind a heavily female audience what it's like to be a mother and have a sick child. Then describe what it's like for a mother who doesn't have health insurance and can't afford to take her child to the doctor.

Keep in mind that radio call-in programs are unpredictable. An experienced call-in host is expert at playing devil's advocate. Anticipate tough questions and make sure to answer calmly. Don't be afraid to challenge the misperceptions or misinformation of the host and/or guest. Just don't be strident or arrogant. There is an art to skewering opponents without losing your cool.

### Being a guest

In addition to calling in, persuade the program's host or producer to bring you on the show as a guest to talk about the problem of children without health insurance and how the Hatch-Kennedy CHILD bill would help children in your community (see page 1). Because talk show producers may field 20 requests a day from different organizations, keep trying, even if you're turned down the first time.

Once the producer invites you, send background information on children's health needs that is both substantive and easy to read. Call the sales director to double-check audience demographics. Ask people you know to call in to the show, says Strauss. Public opinion leaders often listen to talk shows so you want to maximize supportive questions.

It's best if you sit in the studio, rather than speaking over the phone. Most shows are one hour with a 20-minute interview and a 40-minute call-in session. Listen to the callers carefully. It's a good idea to jot down their names and a note about their question so that you can respond thoughtfully and personally.

With a little practice and know-how, you can use talk radio to contribute to the public discourse on child health and influence legislation that will give children a Healthy Start in life. And you will have reached—and hopefully, persuaded and energized—thousands of your fellow citizens.

### Save the date!

CDF's 1998 conference will be held March 25-28 at the Convention Center in Los Angeles. For more information, call the CDF Conference Hotline, 202-662-3684.

**Get the latest on CHILD health now.**

For hourly updates, visit the CDF Web site at www.childrensdefense.org or call 1-800-CDF-1200.

CDF Reports

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## Of Note

### Publications

The new ***Ladders to Literacy*** series will help you address the needs of children who are at risk of future reading problems without having to change your current language programming. The preschool activity book is $54.95, the kindergarten activity book is $49.95, or you can purchase both for $95. Call Paul H. Brookes Publishing Co., 1-800-638-3775.

***Strengthening the Family-Professional Partnership in Services for Young Children*** offers practical advice for developing mutual respect and truly collaborative relationships between families and service agencies. $26.95. Call Paul H. Brookes Publishing Co., 1-800-638-3775.

***Success Stories: How School Health Centers Make a Difference*** documents how school-based health centers have effectively met the health—and subsequently educational—needs of elementary-aged students. $15 plus $2 for shipping and handling. Contact the National Health & Education Consortium, 1001 Connecticut Ave. NW, Suite 310, Washington, DC 20036, 202-822-8405, ext. 11.

***Mean Sweeps,*** from the National Law Center on Homelessness & Poverty, examines how the homeless are treated in the 50 largest U.S. cities—giving particular attention to the increasing trend toward criminalization. The 75-page report shows how some local governments are adopting and enforcing anti-homelessness laws and policies, and it provides statistical information on numbers of homeless people, available resources, existing city ordinances, an overview of legal challenges across the country, and examples of constructive alternatives to criminalization. $20 plus $3 postage and handling; a discounted rate is available for nonprofits. Contact the National Law Center on Homelessness & Poverty, 918 F Street NW, #412, Washington, DC 20004, 202-638-2535.

***Children in Social Peril: A Community Vision for Preserving Family Care of African American Children and Youths,*** from the Child Welfare League of America (CWLA), offers strategies for stemming the increase in the placement of Black children in out-of-home care. $5.95. To order, contact CWLA C/O CSSC, PO Box 7816, 300 Raritan Center Parkway, Edison NJ 08818-7816, 1-800-407-6273.

***Recognizing & Managing Children with Fetal Alcohol Syndrome/Fetal Alcohol Effects,*** from the Child Welfare League of America (CWLA), offers practical advice on dealing with the lifelong effects on behavior and learning caused by this problem. $16.95. To order, contact CWLA C/O CSSC, PO Box 7816, 300 Raritan Center Parkway, Edison, NJ 08818-7816, 1-800-407-6273.

***Investing in the Workplace: How Business and Labor Address Substance Abuse,*** from Drug Strategies, offers cost-effective ways employers can combat drug and alcohol abuse in the workforce. $12.95. Send check or money order to: Drug Strategies, 2445 M Street NW, Suite 480, Washington, DC 20037.

***Social Workers and Subpoenas: Office of General Counsel Law Notes,*** from the National Association of Social Workers (NASW), is designed to help social workers avoid the legal and ethical pitfalls they face after receiving a subpoena. For a free copy, send a 9" x 12" self-addressed, stamped ($1.47 postage) envelope to: Information Center, NASW, 750 First Street NE, #874, Washington, DC 20002.



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**LEAVE NO CHILD BEHIND℠**

Children's Defense Fund

# CDF Reports

Marian Wright Edelman,
President

July 1997
Volume 18, Number 8

***Stand For Children***

# Americans commit to healthy children

Under skies both sunny and stormy, in more than 700 communities from Alaska to Maine, at rallies, marches, festivals, and religious services, hundreds of thousands of Americans pledged their commitment to healthy children by taking a Stand For Children the weekend of June 1.

"We are standing to make sure this country gives every one of our children a healthy start," CDF President Marian Wright Edelman told a Kansas City, Mo., crowd of 3,000, who greeted her by waving bright green, heart-shaped fans that said, "I Stand For Children." "We're going to see the day when this country puts its children first because we're going to insist on it."

While every Stand For Children event was designed to raise awareness about children's health needs, each had a unique flavor. Mayors in Cromwell, Conn., St. Petersburg, Fla., Springdale, Ark., and scores of other cities proclaimed June 1 as Stand For Healthy Children Day. Children in Ogden, Utah, received free immunizations from the state health department. Parents in Bayonne, N.J., picked up health and safety information and, with their children, viewed the inside of an ambulance. Baseball fans in Milwaukee, Wis., stood for 10 seconds during the Brewers' June 1 home game to draw attention to the plight of uninsured children. And during fellowship hour in Salem, Ore., congregants at Jason Lee Methodist Church wrote letters to their representatives supporting the Hatch-Kennedy CHILD (Child Health Insurance and Lower Deficit) bill, which would make health insurance affordable for the 10 million uninsured children in America (see story, page 16).

Petitions in support of the CHILD bill were circulated at nearly every event, and at press time, 15,000 signatures had been gathered. Another 10,000 people signed "virtual" petitions for healthy children on the Stand For Children Web site (see story, page 4).

"It was a spectacular day!" said Vivian Young, the 78-year-old Stand For Children Delaware chairperson. The family festival she helped coordinate at Brandywine Park next to the Wilmington, Del., zoo, drew 5,000 people and included games, arts and crafts, and the chance for children to learn bicycle and fire safety. "The children had a great time and their parents were very interested in the literature. As a result of the event, even *more* people want to be part of Stand For Children."

*(See page 2)*

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## Americans commit to healthy children

*(Continued from page 1)*

Gilbert Smith, who attended a Stand For Children rally at the Mid-America Civic Center Mall in the heart of downtown Memphis, Tenn., also found the day to be extremely moving. "The focus was on children and that's what it's all about," said Smith. "Stand For Children is about what we as parents and citizens of America can do to better our children's lives."

## Building a children's movement

Stand For Children was initiated by CDF in 1996 to mobilize people across the country to take action to improve children's lives. On June 1 of that year, more than 300,000 Americans attended the largest gathering in history for children at the Lincoln Memorial in Washington, D.C.

Photo © John Loy

*First-time parents Maurice and Maite Fernandez of Newark, Del., hope Stand For Children will help them get son, Diego, off to a Healthy Start.*

This year, rather than a single, national event, advocates organized community-focused activities in all 50 states and the District of Columbia. While Stand For Children Day is officially June 1, many communities held events throughout the weekend. Those unable to participate in late May or early June selected an alternate date.

"We challenged people last year to go home and begin working together on behalf of children in their communities," says Stand For Children Executive Director Jonah Edelman, who spoke at events in Chicago and San Antonio. "The number of people who took that challenge and ran with it is absolutely amazing."

One of those individuals, Sister Berta Sailer, was instrumental in organizing the Kansas City, Mo., celebration. "We sent two busloads of children and adults to Washington, D.C., in 1996, but we didn't want it to end with that," said Sailer, co-founder of Operation Breakthrough, a 30-year-old child care center for low-income children. "Children are so much worse off now than they were. Stand For Children was a chance to mobilize a large group of people we can contact on children's issues."

## Teaching children by example

Many parents at Stand For Children events expressed optimism that their children would learn to help others—and better themselves—by participating in the celebrations.

"I'm trying to teach my children that you do something if you see something wrong," said Sheryl Godsy of Liberty, Mo., who stood with her daughter, Meghan, 13, listening to rally speeches at the Nichols Fountain Park next to the Plaza in Kansas City. "You don't just stand back and let things happen."

Karen Rust, who brought her daughter, Jessica, 10, to a Stand For Children rally and health fair at the Riverside Park Pavilion in Beloit, Wis., said, "I hope she gets an understanding of what children's needs are and sees that people care."

In Albuquerque, N.M., after a six-block anti-violence march from Robinson Park to Washington Middle School, Thomas Cordova helped his daughter, Brittany, 3, and children in his after-school peace club to light candles for an evening vigil. "We came so the children will learn to always seek peaceful resolutions," said Cordova.

First-time parents Maite and Maurice Fernandez of Newark, Del., were among the Stand For Children participants in Wilmington. They said they hope to teach their 6-month-old son, Diego, healthy habits right from the start. "The information on nutrition and safety at home was very helpful," said Fernandez.

As for the children and young people, they appeared to be thoroughly enjoying themselves while also learning about health and safety. In Kansas City, children drew pictures, made construction paper hats, and played in a giant maze of tunnels with slides. "I'm having fun," said Alexandria Coleman, 9 1/2, whose left cheek was painted with pink flowers. Her brother Chandler, 2, sat nearby in his stroller, clutching a pinwheel, next to their mother, Tamara. "I'm looking around and playing in the tunnels," said Alexandria. "And I've learned not to play with guns."

Erin Thomson, 12, a student at Aldrich Middle School in Beloit, Wis., passed up a chance to play basketball and softball on a sunny afternoon. "Stand For Children was a little more important," says Erin. "It's a good cause because it helps children who need it get health insurance."

## Stand For Children 1998

It's important for individuals to take what they learned from Stand For Children and work to improve children's lives throughout the year, community leaders said. "June 1 is only a beginning and not an end," Beloit Police Department Captain Charles Tubbs told a crowd of 700. "If we walk away from here today and attend to business as usual, things are only going to continue to get worse.

"We can no longer close our doors and say, 'It's not my problem,'" added Tubbs. "What's happening to America's children is a problem for everyone."

Two days before Stand For Children a 2 1/2 year-old Kansas City, Mo., boy was beaten and killed—allegedly by his father—and participants in Kansas City responded with programs to address the incidence of child abuse. And they're making plans for next year's Stand For Children. "We now have an active group of people from many different backgrounds working on children's issues," says Sailer. "If we can get this army voting, we can win the war."

*For more information, contact: Stand For Children, 1834 Connecticut Ave., NW, Washington, DC 20009; 1-800-663-4032; fax, 202-234-0217; or e-mail tellstand@stand.org.*

CDF Reports

*CDF Reports* (ISSN: 0276-6531) is published monthly by the Children's Defense Fund, 25 E Street NW, Washington, DC 20001, 202-628-8787. Year subscription rate: $29.95. For change of address, please include your old mailing label with your new address. Write to the managing editor for permission to reprint any part of this publication. The Charles H. Revson Foundation provides support for all CDF publications.

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*Page 1 photo © Mary S. Watkins*

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# A Voice for Children

*by CDF President Marian Wright Edelman*

## Join the biting "flea corps" for children

One of my role models, an illiterate slave woman named Sojourner Truth, once said she couldn't read books but she could read people. When destroying slavery seemed like a hopeless cause, she got heckled during a speech by a man who said, "Old slave woman, I don't care any more about your anti-slavery talk than for an old flea bite." And she snapped back, "That's all right. The Lord willing, I'm going to keep you scratching."

So when life seems hard and problems seem insurmountable, we ought to remember that we need not be big dogs to make big differences for children, just little fleas. Enough fleas biting strategically and together can make very big dogs so uncomfortable they change their positions and practices.

**We need not be big dogs to make big differences for children, just little fleas.**

As I traveled to five of the more than 700 communities across the country that renewed their commitment to children on the second annual Stand For Children Day, it was wonderfully evident that our flea corps is growing. We "fleas" are building a powerful movement to Leave No Child Behind that will make the powers that be itch and scratch until they protect children.

We have come a long way since we stood together last year, 300,000-strong, at the historic Stand For Children at the Lincoln Memorial in Washington, D.C., and pledged to work for children in our communities. I am deeply moved by so many of you who have taken that pledge to heart and dedicated yourselves to helping children in need.

This year was truly a homegrown Stand For Children. Your efforts to improve children's health—providing medical screenings, enrolling Medicaid-eligible children, immunizing preschool children, collecting and distributing food and clothing, and signing petitions in support of health coverage for 10 million uninsured children— all will make a difference.

I hope that each of you now will turn into the most nettlesome pests imaginable. Make it very uncomfortable for policy makers *not* to pass and fully implement strong child health insurance legislation that provides affordable health coverage for the 10 million uninsured children in America. Your work *already* has increased the funds in the budget from nearly $4 billion to $16 billion, with an additional $8 billion proposed by an overwhelming majority in the Senate now possible from an unprecedented cigarette tax. This significant $24 billion down payment towards health insurance for 10 million children has more than tripled since January thanks to your hard work and pressure from the bipartisan Hatch-Kennedy CHILD bill (see story, page 16).

Be determined to be a flea and make any big dogs from government and special interest groups—those who try to block health insurance for our children or to divert the hard-earned funds for children's health to an unaccountable state slush fund that would not ensure new children get covered—so exasperated with our votes, calls, visits, and letters that they change positions and do the right thing.

We're going to continue building our movement and keep standing and biting until those making budget and policy decisions put children first. Because every time we make them itch, children will be on their conscience.



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# Harnessing the power of the Internet to Stand For Children

Tens of thousands of people joined a growing movement of on-line activism for children this spring by visiting Stand For Children's World Wide Web site (www.stand.org) on the Internet.

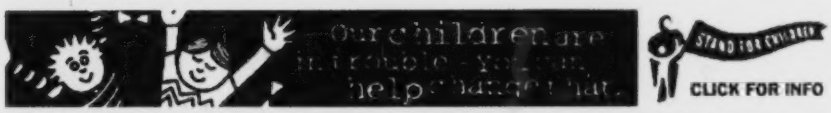
Developed to raise awareness in the Internet community about the needs and health of children, the site provided a "meeting place" to promote—and relay up-to-the-minute news about—Stand For Children activities.

A two-week long "virtual" Stand For Children campaign from May 25 to June 7 attracted nearly 40,000 visitors. More than 10,000 signed a virtual Petition For Healthy Children, either by filling out a form on the Web site or by sending a note to a designated e-mail address. For each e-mail received, Silicon Graphics Computer Systems donated 10 cents to a scholarship fund for young people who have overcome enormous obstacles to achieve personal and academic success.

To encourage business, community, religious, political leaders, and others to act on behalf of children no matter where they live, the site featured a state-by-state listing of Stand For Children Day events and local contacts.

A *milagros* (miracles) section showcased artwork created by children to share their dreams and wishes for the future. Other parts of the site featured stories on the work of nearly 200 Children's Action Teams (CATs) formed since June 1, 1996, information about what people can do to improve children's health in their communities, and a section for people to explain why they stand for children.

Dozens of companies and organizations lent their support to the campaign by displaying Virtual Stand For Children banners on their own Web sites between May 25 and June 7. These banners provided direct links to the Virtual Stand Web site and urged people to take action on behalf of children.




*This is one of several banners that businesses and organizations posted to direct visitors to the Stand For Children home page.*

The site also earned a "hot spot" rating from USA *Today Online's* Web site reviewer Sam Vincent Meddis, who praised the virtual Stand For Children campaign as a model for on-line activism.

An increasingly popular and effective tool for sharing information and resources to help make children's lives better, the World Wide Web promises to play an integral part in ensuring every child has a Healthy Start in life, according to Stand For Children Executive Director Jonah Edelman.

"The virtual Stand For Children shows how great a tool the Internet can be to raise awareness about children's health needs and encourage people to stand up and be counted," says Jonah Edelman.

## Why Do You Stand For Children?

Here is a sampling of comments from visitors to the Stand For Children Web site:

***Our kids deserve an all-out effort... To those who stand back because of fear or "business" or just plain apathy, I say: Find ONE CHILD or ONE FAMILY and form a partnership of understanding and trust. We must all attempt to give back to the world, through our work, a portion of its lost heart.***

— Louise, Washington, D.C.

***It is our responsibility as adults to work for all children whenever we can. No action is too insignificant. As we blend our voices together on behalf of every child, the world must hear and respond to our cry!***

— Carol, Modesto, Calif.

***I hope that everyone, even young people, will make an attempt to get involved in working for children. From my experiences I learned that as long as you start with a goal and work towards it, you can't fail. Just get organized with your plan. After that, things become much easier!***

— David, Miami, Fla.

***I Stand For Children because children cannot stand for themselves—They can't stand against the bureaucracies, the abuse, the inadequate health care, and poor education. They cannot stand against poverty. They cannot stand against violence. Children are the most vulnerable, the least protected, the most impoverished, and the least empowered to have a voice in their own future. How could anyone NOT STAND?***

— Anonymous, Atlanta, Ga.

***We, as adults, can no longer stand by and watch our children go hungry, not receive medical treatment, be injured by words or actions. It is time for all of us to join together and see to it that our children are healthy. We must cultivate their minds and spirits, encourage them and their dreams.***

— Anonymous, Cincinnati, Ohio

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# Stand For Healthy Children

Health insurance for every child was the core of CDF President Marian Wright Edelman's message to Stand For Children participants in Memphis, Kansas City, Mo., Albuquerque, Beloit, Wis., and Wilmington, Del., where she attended celebrations on May 31 and June 1.

"It is disgraceful that 10 million American children are uninsured, that nine out of 10 live in families that work every day trying to make ends meet but are too 'rich' for Medicaid but not rich enough to pay for coverage which their jobs don't provide," Edelman told a crowd of 1,400 in Albuquerque. "We must give every child a healthy start, and you must tell your congressional representatives to pass the bipartisan Hatch-Kennedy bill this year to give our children health coverage."

Polly Arango, who attended the Albuquerque event with thoughts of her disabled son Nick, 21, very much on her mind, agreed. "Every child needs health insurance and access to quality health care no matter who they are," said Arango, co-founder of Family Voices, a national nonprofit organization dedicated to helping children with special needs. "Disabled children especially need health coverage; otherwise their condition worsens. It's also hard on their families, who have to sacrifice too much in order to pay for things they need."

Patty Rivera, 26, a University of New Mexico graduate student, volunteered at Stand For Children primarily because of her interest in children's health. Even if health care is accessible in theory, "people aren't going to seek help if they can't afford it," she says. "New Mexico has the worst ranking in the states in numbers of uninsured children... That needs to be changed."

In Kansas City, Mo., Edelman asked the crowd of 4,000 to think about what it's like for parents with a child diagnosed with cancer to go without health insurance. "Imagine that ... instead of just trying to hold yourself, and your child, and your family together, you also had to beg and borrow money for each chemotherapy treatment, which parents blessed with health insurance don't have to worry about.

"And I cannot imagine the struggle of families with family members and children with AIDS trying to wage a two-front battle, one against death and one against health care poverty at the same time in our wealthy nation," said Edelman. "That's not right, and we're going to change that together."

Kansas City, Mo., parent Merlon Ragland, sitting on a folding chair next to son, Jaelon, 3, agreed. "Everyone has a right to be treated when they're sick, especially children," said Ragland. "Children need a voice and an advocate, and parents are the only way we're going to get the message out."

Nancy Lignitz, a children's counselor in Olathe, Mo., worried about children's mental health, as well as their physical health. While picking up accident prevention information to put in her waiting room, she said she hopes Stand For Children gets policy makers' attention. "Policy makers see children almost as aliens," says Lignitz. "They don't understand or relate to their needs and don't take the time to experience their pain. I would ask them to spend some time with at-risk children to understand that we're not asking for fluff but something critical for children's needs."

Photo © Ben Edelman

*CDF President Marian Wright Edelman speaks at the Stand For Children rally in Memphis.*

In Albuquerque, more than 1,400 people participated in the six-block march against violence from Robinson Park to Washington Middle School.

Photo © Stacia Spragg

**Our children are challenged by the times in which they live. All of us have a responsibility to challenge those times and events to ensure our children have a decent opportunity to grow and develop and to be wholesome adults.**

—Mayor J
Wilm

Photo © Stacia Spragg

Young people at the Stand For Children candlelight vigil in Albuquerque.

Photo © Bob Owen

Hundreds participated in the Stand For Children Day march to the Alamo in San Antonio.

**As adults ... let our actions be honorable and exemplary. It is through such efforts that we will develop children who will one day become individual and socially responsible citizens willing to say, "What can I give," rather than, "What can I take."**

—Jim Fitzpatrick, principal, Beloit Memorial High School, Beloit, Wis.

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## Marian Wright Edelman's prayer on Stand For Children Day

We stand and pray for children
who sneak popsicles before supper,
who erase holes in math notebooks,
who can never find their shoes.

But let's stand and pray for children
who can't bound down the street in a new pair of sneakers,
who never go to the circus,
who don't get dessert,
or have any rooms to clean up.

We stand and pray today for children
who forget their lunch money,
who spend all their allowance before Tuesday,
who shove dirty clothes under the bed,
and who never rinse out the tub.

But we're going to stand and pray for children
whose pictures aren't on anybody's dresser,
whose monsters are real,
whose nightmares come in the daytime,
who can't see a doctor when they're sick,
and who go to bed hungry and cry themselves to sleep.

Let's stand and pray for children
who can walk and talk and hear and see and dance and play,
and let's also pray for those children who wish they could but can't.

Let's stand and pray for children
who are kissed and hugged and cherished and loved,
but also stand for children,
who are beaten and abused and disfigured and diseased and dying.

Let's stand and pray today for children
without hope,
but also for those children,
with hope to spare and to share.

Let's stand for children
we never give up on,
but also for all those children,
who will grab the hand of anyone kind enough to offer it.

*Adapted by Marian Wright Edelman from a prayer for children by Ina J. Hughs. A previous version appeared in* Guide My Feet: Prayers and Meditations on Loving and Working for Children, *by Marian Wright Edelman, page 106, Boston: Beacon Press, 1995.*

Photo © Mary Watkins

Members of the Operation Breakthrough after-school drill team present CDF President Marian Wright Edelman with a panel of a Stand For Children mural drawn by children in Kansas City, Mo.

Photo © Mary Langenfeld

Children from the Burdge Traveling Troupe unite in song at the Stand For Children rally in Beloit, Wis.

Photo © Gail Orenstein

Children at the Stand For Children family day and health fair at the Chicago Children's Museum enjoyed getting their faces painted.



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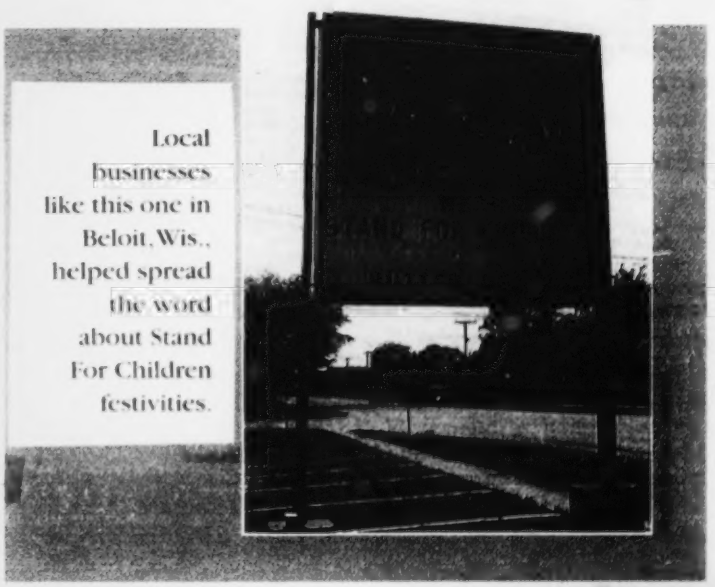

Local businesses like this one in Beloit, Wis., helped spread the word about Stand For Children festivities.

**Children have a right to a childhood that's happy and violence-free. Children can't learn if they're afraid, unhealthy, or not well-fed. Children need to live up to their potential.**

—Sister Carole Eschen, Kansas City, Mo.

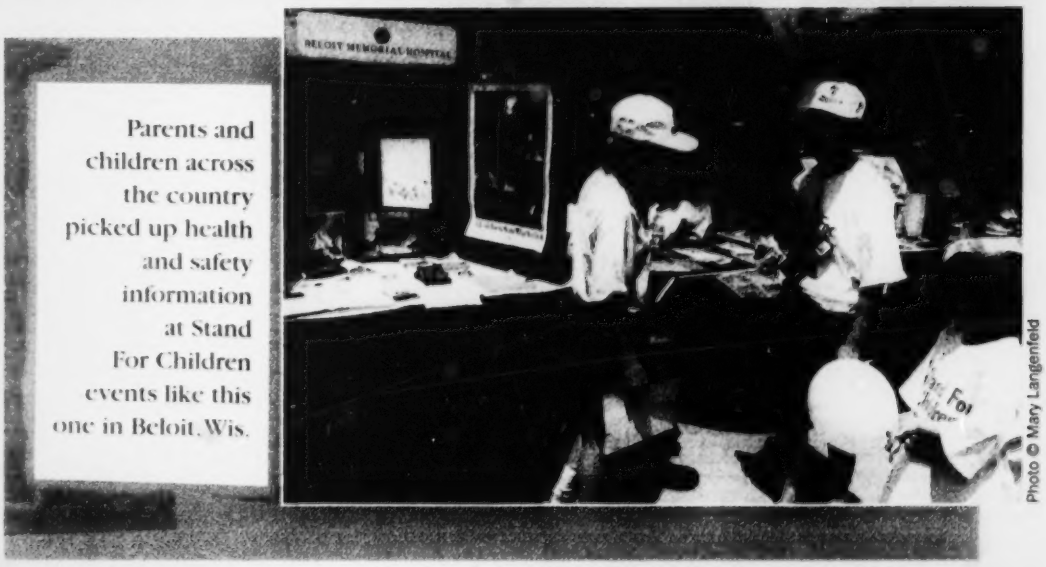


Photo © Mary Langenfeld

Parents and children across the country picked up health and safety information at Stand For Children events like this one in Beloit, Wis.

**If we invest in children—invest in their health—I don't care where they come from, we can ensure that they have a bright future.**

—Mayor W.W. Herenton, Memphis

Photo © Ben Edelman

Three- and four-year-olds from the Native American dance group Jemez Head Buffalo perform at Albuquerque's Stand For Children rally.



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**Parents are their children's first teachers. They need to be aware of what's going on in the world.**

—Helen Davis, Beloit, Wis.

Photo © Ben Edelman

Many children—like those from the West End Neighborhood House Child Care Center in Wilmington, Del.—made posters for local Stand For Children events.

A San Antonio mother and her children listen intently to the Stand For Children message.

Photo © Bob Owen

**We're not for children and against violence as long as we don't have medical coverage for children, as long as we base medical coverage on family circumstances rather than children's needs.**

—Jerry Ortiz y Pino, executive director, New Mexico Advocates for Children and Families, Albuquerque

Photo © Lisa Waddell Bleier

Children from the Brunswick Head Start sway to the music during the Stand For Children rally in Memphis

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# Families receive health advice in Culver City, Calif.

You might say the Culver City, Calif., Stand For Children celebration saved lives.

Take, for instance, the woman who had to travel on four different buses to reach the Stand For Children Day health and safety fair. Once there, she learned about an ailment affecting her baby, bottle-mouth syndrome, a pattern of tooth decay linked to prolonged nursing, and met a dentist volunteering at the fair who was able to show her how to save her child's teeth.

Or take the woman visiting Southern California from Mexico—a mother of 14 children and grandmother of 60—who attended and underwent a skin test for tuberculosis (TB). When the results suggested she might be carrying the TB virus, fair volunteers helped her and her loved ones plan a course of action.

"That particular outcome was preventive for health in Mexico and here, and in who knows how many other neighborhoods," says Lauren Askew, director of health services for the West Side Children's Center in Culver City.

An estimated 1,200-plus people attended the fair held at Braddock Elementary School. Children and adults received health screenings and immunizations, and low-income families were able to connect with local health agencies. Askew describes the event as a "rip-roaring success." "We wanted to not only Leave No Child Behind, but Leave No Family Behind," she says.

California communities hosted more than 70 events — more than any other state — in celebration of the second annual Stand For Children Day.

## Learning about health resources in Myrtle Beach, S.C.

People who work with and on behalf of children in Horry County, S.C., found an unprecedented opportunity to share their concerns—and boost community involvement—at a Stand for Children Day rally on June 1 in Myrtle Beach.

"Children's health needs were really brought forward and people were made aware of the network of organizations available to them," says Laura Clemmons, president of Giggles and Wiggles Children's Center in Horry County. Clemmons helped organize the event along with center director Pam Petty.

About 50 organizations, including community health groups, the Horry County police and fire departments, local organizations, and businesses set up exhibit booths stocked with information, while Sesame Street's Big Bird, McGruff the Crime Dog, magicians, clowns, and mimes provided entertainment. Nearly 500 people took part in the event, held at Doug Shaw Stadium in Myrtle Beach.

Clemmons says as a result of Stand For Children Day, which also featured community park clean-ups and a clothing drive for foster children, residents are thinking more about ways they can take action to improve children's lives. "The question now is, 'What is it that we need to do this coming month?'"

Top priorities include helping the county update its immunization records and expanding the number of foster homes available to the county's 350 foster children.

The challenges ahead are many, but Clemmons is optimistic. "I was overwhelmed by the ability everyone had to come together and be one for these children," she says. "There's just been an abundance of responses and an outpouring of love from the community."

## Twin Cities host "Grand" Stand For Children

More than 5,000 families and children took a Stand For Children on June 1 in St. Paul as part of the city's annual Grand Old Day Fair, which attracted more than 300,000 people to St. Paul's Grand Avenue for a day-long celebration.

Community-based organizations distributed information on local programs developed to meet children's health needs while volunteers helped people register to vote at a special family area. Children's bands, entertainment, and games kept youngsters busy. Local businesses and the CDF-Minnesota office donated money for dozens of carnival rides and activity booths. As part of the Grand Old Days celebration, St. Paul Mayor Norm Coleman proclaimed June 1 as Stand For Children Day.

Across the Mississippi River in Minneapolis, more than 1,000 people visited Loring Park to undergo vision tests, immunization screenings, and, for young children, developmental examinations. Thirty-five local organizations and agencies provided families with information about their programs through interactive health and safety displays, and young and old alike enjoyed free Ben & Jerry's frozen yogurt.

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# Creating safe havens in the Washington, D.C., area

To grow up healthy, children need a safe and attractive place to play. But in a southeast neighborhood in the District of Columbia, finding refuge from violence, drugs, and prostitution-filled streets can be difficult.

As part of Stand For Children activities in the District of Columbia, more than 70 volunteers, with the help of the community development nonprofit KaBOOM!, built a playground—complete with a colorful jungle gym, sliding board, monkey bars, and sand lot—for children living in the Community of Hope housing complex at Savannah Gardens. Community of Hope is a non-profit group that helps families living in poverty move toward independence.

"I worry about my kids," says Andrea Johnson, one of the 15 mothers who live in the complex with their children, who range in age from 4 to 14. "There's so much trouble in the streets now, so it's better to be right here."

The new playground "means a whole lot to the children," says Donald Willis, on-site social services director at Savannah Gardens.

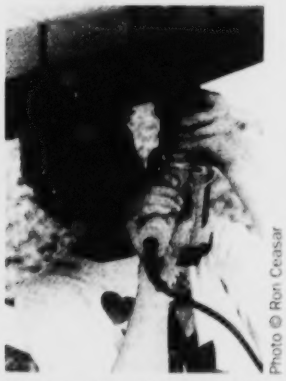

Photo © Ron Ceasar

*Volunteer Brandt Branand of Washington, D.C., works at the Stand For Children playground build in Savannah Gardens.*

Photo © Ron Ceasar

*Stand For Children volunteers spread mulch at the new playground they helped build at the Whitfield Towne Apartments in Lanham, Md.*

"We can play on the swings every day," says little Cynthia Gray, 8, sporting a short braid. "I like the sliding board."

Just outside Washington, D.C., another 60 volunteers, along with residents of the Whitfield Towne Apartments in Lanham, Md., built a playground at their lower-income housing complex to celebrate Stand For Children.

"We are so happy our children will have a safe space this summer," says Susan King, resident manager of Whitfield, which is home to 80 children and their families. "It will give them a quality environment in which they can be nurtured and grow."

## Prayers at the Washington National Cathedral

More than 1,200 people gathered on June 1 at the Washington National Cathedral for a Stand For Children interfaith service dedicated to children's health needs.

Children took the lead role in the service, conducting readings, singing anthems and hymns, handing out programs, and helping attendees find seats. They included young people from Shiloh Baptist and St. George's Episcopal churches in Washington, D.C., Archbishop Carroll High School students from Washington, D.C., and the Girl Scouts of the USA. The Cathedral Choir of Men and Boys also performed.

Photo © Rick Reinhard

*Jonathan Kozol*

Colorful paper chains, fashioned by children all across the country, were draped over the pulpit. Each link was inscribed with a child's prayer.

The Very Reverend Nathan D. Baxter, dean of the Washington National Cathedral, was celebrant. Acclaimed author Jonathan Kozol gave the sermon, challenging congregants to treat poor children the same as wealthy children.

"The Bible tells us that a child does not need to prove a thing to demonstrate that he or she deserves the mercy of a just society," said Kozol. "Their merit consists of one thing only: their God-given and innate humanity. Whatever they do or do not do as grown-ups, as workers, as taxpayers, some day in the future—if they ever live to know the future—these little children bless us at this hour by their mere existence on our earth. The terrible question facing all of us today is whether this nation ever plans to bless them in return."

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# Uniting by the thousands in the windy city of Chicago

On May 31, more than 6,000 people flocked to Chicago's Navy Pier for a Stand For Children Day health fair, a home-grown event uniting a large and diverse community in recognition of children's health needs.

Hundreds more attended an open house and health fair the next day at Michael Reese Hospital on Chicago's South Side. The event was sponsored by the South Side Consortium, an organization of Chicago-area health maintenance organizations (HMOs) and health agencies working in partnership to provide area residents with improved health services.

At the Navy Pier event, staff from the University of Chicago's Children's Hospital performed medical screenings and immunizations, and 33 community health organizations and agencies provided parents and children with materials on local programs.

The Chicago Children's Museum's technology center furnished computers connected to the World Wide Web so parents and children could sign a "virtual" petition for healthy children. (see story, page 4).

Annetta Wilson, the Chicago event coordinator, says Stand For Children Day area activities bolstered public awareness and understanding of children's health needs and energized people to take further action in their communities.

Fourteen additional Illinois communities also held rallies, health fairs, food drives, worship services, and other activities on May 31 and June 1.

For example, the community of Crystal Lake hosted a food drive, the First Christian Church in Canton focused its worship service on children's needs, a children's art festival was held in Springfield, and in East St. Louis community members and organizations showed their commitment to children by signing pledge forms at City Hall.

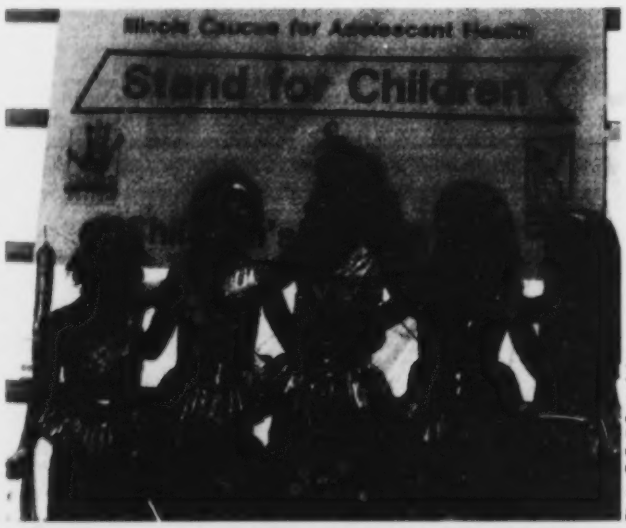


Photo © Gail Orenstein

*Young cheerleaders from Chicago's Charles P. Caldwell Elementary School perform during a health fair at the Children's Museum.*

## Children sign up for health insurance in New York City

Parents are often unaware that there may be good existing programs designed to help low- and moderate-income families obtain health insurance for their children.

That's why CDF-New York staff helped hundreds of parents apply for the state's Medicaid and Child Health Plus insurance programs for their children during a Stand For Children health fair at Public School 41 in Manhattan. CDF-NY staff now will guide these families through the enrollment process, helping them make follow-up appointments with the appropriate social service agencies.

"There are, in New York City, 350,000 children without health insurance, and two-thirds of them are eligible for either Medicaid or Child Health Plus," says CDF-NY Director Donna Lawrence.

Nearly 5,000 people attended the fair and learned about children's health needs, received dental and vision screenings, and had an opportunity to meet Sesame Street's Elmo and Gordon.

Other Stand For Children activities in New York City on June 1 included a talk by Dr. Jane Knitzer, deputy director of the National Center for Children in Poverty at Columbia University, on health care for children. And the West Park Presbyterian Church devoted part of its service to a discussion of the Hatch-Kennedy CHILD (Child Health and Lower Deficit) bill and then encouraged congregants to write letters to their representatives about committing to healthy children.

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# Pledging to Stand For Children in San Antonio

Newly elected San Antonio, Texas, Mayor Howard Peak promised to make children a top priority during a Stand For Children rally and march from Milim Park to Alamo Plaza on June 1.

The mayor's pledge, along with the support of more than 1,000 people who attended the event, signals a new era of action on behalf of San Antonio's children, according to Bertha Lopez, co-chair of the local Children's Action Team (CAT).

"Our intent was to bring a broad-based knowledge to the people of San Antonio on children's issues," she says. "There's a basic need for awareness in this city that thinks it has no problems in its own backyard."

Stand For Children Executive Director Jonah Edelman told those attending the event that they are playing a big role in ensuring children get the health care they need.

"No parent in San Antonio, or in America, should lie awake at night debating whether they should take their sick child to the doctor," said Jonah Edelman, who marched and spoke at the rally. "By standing up for children along with hundreds of thousands of others, you are helping to create a country where every child gets the Healthy Start he or she deserves."

Photo © Bob Owen

*A San Antonio youngster gets a ride from his mother during a Stand For Children march to the Alamo.*

Photo © Bob Owen

*Stand For Children Executive Director Jonah Edelman speaks at a Stand For Children rally in San Antonio.*

## Six days of community spirit in Council Bluffs, Iowa

Families and children in Council Bluffs, Iowa, read, played, and marched together during a week-long Stand For Children celebration designed to highlight the importance of healthy families and communities.

Residents of this small, Midwestern city kicked off the festivities May 27 with storytime at the Council Bluffs Public Library. Local agencies and organizations such as the YMCA, MAD DADS, CJ Futures, Inc., and the Chamber of Commerce hosted a dance, a family swim, a gymnastics workout, a community improvement and cleanup day, and a community forum.

A health and safety fair, a toy collection for the children of flood-ravaged North Dakota, and a candlelight vigil for children kept young and old alike focused on the well-being of those in need. Along with these events, a march and rally on June 1 featuring speeches by children and local health care providers helped raise community awareness of children's health needs, according to Robin Hutchison, coordinator for the Council Bluffs' Children's Action Team (CAT).

The Council Bluffs' CAT already is planning future advocacy efforts on behalf of children, starting with a parenting fair this fall. Says Hutchison, "We want to be able to do things year-round."

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# Foster grandmother gives 250 children a Healthy Start

Edna Ellis has cradled a lot of babies and tied countless shoelaces during her 25 years at St. Vincent's Family Service Center near downtown Kansas City, Mo.

The 94-year-old Arkansas native known affectionately as "Grandma" is a foster grandparent to 250 children from St. Vincent's, the largest private child care center in the state.

Ellis is also a tireless advocate for children. Reluctant to fly, she made a 44-hour bus trip from Kansas City to Washington, D.C., and back again, so that she could attend last year's historic Stand For Children Day at the Lincoln Memorial. This year, as a member of the organizing committee for Kansas City's Stand For Healthy Children Day, Ellis helped plan a family picnic and parade attended by 4,000 people on May 31.

A former school teacher, Ellis began volunteering at St. Vincent's in 1972 as part of a city-sponsored foster grandparent program. The children she spends time with are some of the most vulnerable—all come from families whose incomes fall below the federal poverty line, and 98 percent live in single-parent, female-headed families.

Photo © Ben Edelman

*CDF President Marian Wright Edelman (right) greets 94-year-old Edna Ellis at the Kansas City, Mo., Stand For Children.*

"Grandma" Ellis works mostly with the 2- and 3-year-olds, greeting and playing with them four mornings a week and spending extra time with youngsters who have special needs.

Why does she do it?

"Because children need care," Ellis explains. "So many children just don't get the care they need. That's what I try to do every day—and to make them happy."

Kimberly Jacob, a child care worker at St. Vincent's, describes Ellis as "very selfless and giving to the children." She's there each day without fail, offering love and attention. "She's just somebody to rock the babies, tie their shoelaces, wipe noses, things a grandmother does."

Ellis, who's been known to thump on her chest in hopes of speeding up her heart pacemaker, sometimes even outpaces her co-workers.

She keeps going," Jacob says. "She's just an inspiration."


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*News from the Black Community Crusade for Children*

# Black and uninsured: double jeopardy for many children

Affordable, comprehensive health coverage is essential so that all children have the opportunity to lead healthy, productive lives—regardless of race or socioeconomic background. But for Black children, who suffer and die disproportionately from a variety of maladies, health insurance is even more significant, says Barbara Kelley-Sease, director of the Black Community Crusade for Children (BCCC).

Black children are more than twice as likely as White children to die from heart disease and pneumonia, and six times as likely to die from HIV-related illnesses and lung diseases, including asthma, according to data published by the Children's Defense Fund, which coordinates the BCCC. In addition, the proportion of Black babies born at low birthweight was 13.2 percent in 1994, compared with 6.1 percent for White babies. For every 1,000 babies born to Black mothers in 1994, nearly 16 died before their first birthday—more than twice the infant mortality rate (6.6) of those born to White mothers.

The health plight of Black children is exacerbated because working Black families are far less likely to be insured privately. According to a recent CDF study, *The Health Insurance Crisis for America's Children*, if current trends hold steady, little more than half of all children will have insurance related to their parents' employment by the year 2000, and fewer than a third of Black children will be covered, the study says. One predominant cause is that working Black parents are more likely to be employed in low- and moderate-income jobs that do not provide family health insurance as an employee benefit.

Even though Medicaid has been expanded over the past decade to cover many additional, mostly poor children, the evaporation of private health coverage for working families, who earn above the poverty level, has outpaced Medicaid's growth for children below or right above that level, according to CDF Health Director Stan Dorn. As a result, the number of uninsured children in America has risen from more than 8 million in 1987 to nearly 10 million in 1997.

"The sad reality is that nine out of 10 of these children have a parent who works, and almost two-thirds have a parent who works full-time," says Dorn. "Yet, most of their parents earn too much for the children to qualify for Medicaid, their parents' jobs don't provide employer-paid insurance coverage for dependents, and they cannot afford the high cost of premiums to cover their families."

The only way to make sure that the children in these families receive the health coverage they need is through new, expanded programs of health coverage aimed at low- and moderate-wage working families, says Kelley-Sease.

## "A national disgrace"

"Any reasonable definition of a civilized and mature society would begin with its willingness and competency in ensuring that all children have the ability to maximize their potential," says Reed V. Tuckson, M.D., president of the Charles Drew Medical Center and a member of the BCCC Working Committee. "For Black children to suffer unnecessarily, and from so many preventable illnesses, represents a national disgrace and failure of this democratic civilization. We need to make sure more infants survive, that our children are immunized against preventable illnesses, and that they are protected from intentional and unintentional injury. All children need access to a range of comprehensive and primary health care and health information."

Deborah Prothrow-Stith, M.D., a professor at Harvard's School of Public Health, says that the health of Black children—and all children—is not only a moral issue but a practical one. "If we expect young people to participate as healthy adults in this society, that expectation has to be based upon a healthy childhood. Given the resources and the capacity we have to deal with crises in this society, it is immoral not to do so. It is impractical to let children exist without access to health care and preventive health strategies."

## The human cost

Research shows there are high human costs when children don't have health coverage. For example, children without health insurance are more likely to go without preventive care that allows doctors to spot and treat illnesses early and avert serious long-term complications. A 1987 study by the National Medical Expenditure Survey found that one in three uninsured children with two or more ear infections and most uninsured children with asthma did not see a doctor for the entire year. Untreated children are more likely to wind up with permanent damage or be unnecessarily hospitalized or visit an emergency room seeking costly treatment.

**"Any reasonable definition of a civilized and mature society would begin with its willingness and competency in ensuring that all children have the ability to maximize their potential."**

The educational, social, and economic costs are equally great, Kelley-Sease says. "Children who become ill because of lack of preventive care are the ones who miss the most school, and their parents miss the most work," she says. "When a child can't see the blackboard or hear the teacher all that well, how can they be expected to learn to their full potential?"

*Child Health Update*

# U.S. Senate has better plan for child health coverage

The stakes for children are enormous as a congressional conference committee was deciding at press time how to resolve the differences between the House and Senate child health plans contained in federal budget and tax bills.

While both the House and Senate budget bills originally allocated $16 billion over five years for children's health care as part of the budget agreement between the President and Congress, the Senate bill was amended to go further. In late June, the Senate passed a 20-cent tobacco tax increase—by a vote of 80 to 19—and allocated an additional $8 billion over five years from its revenues to be used for children's health coverage. The $24 billion in the Senate plan would provide health insurance for 6.1 million children.

Under the Senate bill, funds would be distributed to states for Medicaid expansion or child health block grants, in either case to allow states to help children whose families now earn too much to qualify for Medicaid. The states also could use the money to reach out to the 3 million children nationally who already qualify for Medicaid but aren't enrolled. They could use the federal dollars to start programs to cover other uninsured children, as Minnesota, New York, and other states have done.

The House bill not only provides less money for states to use for children's health coverage, but the fine print is as damaging as the lower dollar figure. The bill is written so loosely that there are no guarantees the money will be used to insure children, and money for children could be raided by special interests in the states.

According to CDF Health Director Stan Dorn, there are several key issues for the conference committee:

- The Senate bill requires states to use child health funds to provide health insurance for uninsured children. The House, by contrast, would let states use these funds to compensate hospitals for federal Medicaid cuts in payments. Under the House bill, states could also use new federal funds to replace current state spending on health insurance for public employees, state psychiatric hospitals, or state university teaching hospitals. Current state spending freed up from these purposes could then pay for road construction or other services completely unrelated to health coverage for uninsured children.
- The Senate bill provides good benefits (based on the Blue Cross/Blue Shield standard) that children need—including vision and hearing services. Many children with special needs, however, need additional care, including ongoing chronic care, not covered by the plan. The House bill, by contrast, guarantees no core service package for children.
- The Senate bill makes health coverage affordable for low-wage, working families. Both bills forbid higher income families from receiving more assistance than lower income families. However, under the Senate bill, families earning below $25,000 a year for a family of four (150 percent of the federal poverty level) do not pay for premiums or co-payments. The House bill, by contrast, sets no standards for affordability, except it exempts preventive care from co-payments.

"The Senate version of the health bill represents a major step toward improving the health status of all of America's children," says Emily Smith, coordinator of CDF's child health campaign. "In six months, funding for health insurance for children has gone from $3.7 billion in the President's original budget to potentially $24 billion for child health over five years, through the hard work of child advocates who agreed affordable children's health coverage with comprehensive benefits should be a national priority. Now that we've come this far, activists have to make sure that the conference committee goes the distance for America's children."

**"The Senate version of the health bill represents a major step toward improving the health status of all of America's children. In six months, funding for health insurance for children has gone from $3.7 billion in the President's original budget to potentially $24 billion for child health over five years."**

# CDF at Work

## Ohio benefit raises awareness of children's needs

CDF-Ohio kicked off its fifth annual benefit on May 14 with a rousing mid-day rally at Mount Carmel Hospital in Columbus. The CDF national board participated as part of its new plan to meet periodically outside of Washington, D.C.

CDF President **Marian Wright Edelman** urged the crowd of 300 to work toward passage of the Hatch-Kennedy CHILD (Child Health and Lower Deficit) Act, which would make health insurance affordable for the 10 million uninsured children in America. Edelman's participation generated widespread enthusiasm for Ohio Stand For Children activities during May and June, says CDF-Ohio Director **Mark Real**, and raised awareness about children's health needs. As a result, Ohio is one of only five states where both senators voted recently to add the CHILD Act as an amendment to the budget.

Before the rally, 30 community leaders were taken on a Child Watch tour to have a firsthand look at the problems facing uninsured children and families. Participants heard from hospital staff about children whose untreated health problems had led to more serious trouble and traveled by bus to a community health clinic where pediatricians and social service workers discussed their experiences with sick and uninsured children of low-income working parents.

That evening, more than 600 people gathered for a benefit at the headquarters of The Limited, Inc. The evening's focus was on the importance of early childhood development, says Real, in light of recent research indicating the first three years of life are extremely important in determining intellectual development. Speakers included **Bernadine Healey**, former National Institutes of Health director. WBNS-TV news anchor **Angela Pace** was emcee. This public education initiative helped preserve unannounced inspections for Ohio's child care program.

As a special surprise for the benefit attendees, singer **Judy Collins** performed with the **Columbus Alternative High School Choir.**

CDF Board Member **Abigail Wexner** and her husband, **Leslie**, along with the **Wolfe** and **Longaberger** families and a 25-member committee, hosted this year's Ohio benefit.

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**Kellye McIntosh** has joined the Black Community Crusade for Children (BCCC) as manager of its Student Leadership Network for Children (SLNC). The SLNC is a national advocacy group that prepares college-age adults to work toward positive social change for children and families. Hundreds of SLNC young adults have received intensive training in community service and child advocacy through the Ella Baker Child Policy Training Institute and have participated in mentoring activities for young people, such as summer Freedom Schools (see May 1997 *CDF Reports*).

*Kellye McIntosh*

McIntosh previously was deputy field director for the re-election campaign of Senator **Carl Levin** (D-MI). Prior to that, she was national field director for the United States Student Association in Washington, D.C.

**The Reverend Jason Clark** has joined CDF's Religious Affairs Division as Coordinator of Outreach to the Black Church Community. In that role, the Rev. Clark will strengthen and support efforts in historically Black denominations and African American congregations to improve the lives of children and families through prayer, hands-on service, Christian education, and advocacy.

*The Rev. Jason Clark*

Prior to joining CDF, he founded M.Y. Church, Inc., a Washington, D.C. organization designed to empower the youth ministries of area churches. He is a graduate of Morehouse College and earned his master of divinity degree from Howard University's School of Divinity.

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Two new publications available from CDF will help advocates and policy makers win support for affordable and high-quality child care. *Key Facts About Child Care and Early Education: A Briefing Book* includes valuable fact sheets about child care and early education, their importance to children, families, and communities, some of the challenges facing families, information on the benefits of high-quality child care and early education, basic facts about these issues, as well as policies and programs in place at the federal, state, and local levels. *Helping Parents Work and Children Succeed: A Guide to Child Care and the 1996 Welfare Act* presents recommendations and strategies for various state policy makers addressing child development issues that arise as a result of the 1996 act.

*To order, call CDF Publications, 202-662-3652. Each publication costs $5.95 plus $2 shipping and handling.*

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# New TV ratings a good step for children

The new rating system proposed by the television industry on July 10 is a step in the right direction because it provides parents and caregivers with some information on the content of the shows children are watching, says CDF Assistant General Counsel Kim Wade.

"We commend the television industry for beginning to respond to American families' needs by modifying the TV Parental Guideline System," says Wade. "This is the first time the TV industry has ever sat down at the table with children's advocates."

The original TV Parental Guideline System announced in December 1996 consisted of six broad categories that were too vague for families: TV-G (appropriate for all audiences); TV-Y (suitable for all children); TV-Y7 (recommended for children 7 and older); TV-14 (parents of children under 14 strongly cautioned); TV-PG (parental guidance suggested); and TV-M (mature viewers only).

After six months of criticism and concern from parents and child and family advocates, and a flurry of legislation proposed on Capitol Hill, the major broadcast and cable networks except for NBC, BET, and PBS agreed to include content information in the age-based ratings. Beginning this fall, FV (for fantasy violence) will be added to the TV-Y7 category when applicable, and V, S, L, and D (for violence, sexual situations, coarse language, and suggestive dialogue) will be added to the TV-PG, TV-14, and TV-MA categories. For example, a show that contained nudity might be rated TV-PG-S. NBC, BET, and PBS need to be encouraged by parents to follow the rest of the industry, says Wade. "We continue to have special concerns that violence be clearly labeled in all programming, especially young children's programming," says Wade. "Given that concern with violence was the origin of V-chip legislation and that some of the most violent content on television today is depicted in children's cartoons—standard fare for many young children—parents need honest information to make completely informed decisions about their children's viewing."

Fantasy violence has real consequences as hundreds of scientific studies and the experiences of parents and teachers have shown that viewing television violence increases the risk that children will be more fearful and aggressive and less sympathetic to the pain and suffering of others.

As a result of the compromise, CDF and other members of the advocacy community, including the National Education Association, National Parent-Teachers Association, and the Center for Media Education, have agreed to give the new ratings system a fair chance to be tested by American families. They will work with the industry to promote, evaluate, and improve the rating system, while urging government leaders to allow the process to go forward in the short run, uninterrupted by new legislation.

In addition to the combination of content- and age-based ratings, says Wade, the television industry has agreed to enlarge the rating symbols on the screen and display them for an additional 15 seconds.

LEAVE NO CHILD BEHIND℠

Children's Defense Fund

CDF Reports

Marian Wright Edelman, President

August 1997
Volume 18, Number 9

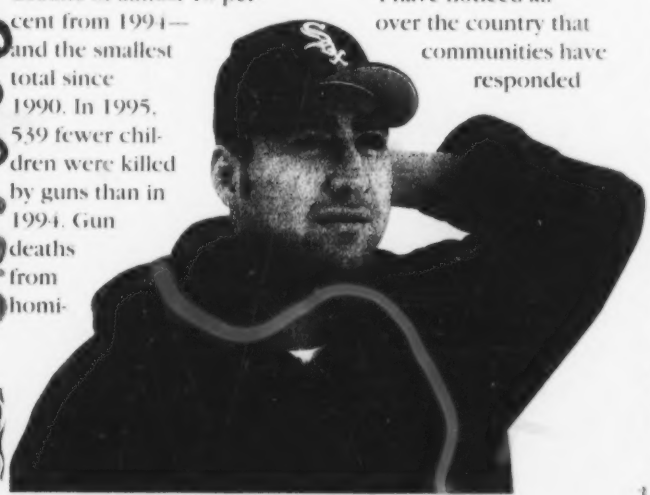
# Child gun deaths drop for first time in more than a decade

New, unpublished data from the National Center for Health Statistics (NCHS) reveal the first rays of hope in the struggle to protect children from guns. In 1995, for the first time in more than a decade, the number of children killed by guns decreased. And more than half the decline came from the reduction in gun murders of Black children.

A total of 5,254 American children age 19 and under died from gunfire in 1995—a decline of almost 10 percent from 1994—and the smallest total since 1990. In 1995, 539 fewer children were killed by guns than in 1994. Gun deaths from homicide dropped in both 1994 and 1995, reflecting the nationwide decline in crime rates, while suicide and accident gun deaths and gun deaths from unknown intent dropped in 1995. An additional 31 children died from legal (police) intervention and another 23 from air rifles. NCHS published data include legal intervention, but do *not* include air rifles.

While even one child dying from guns is too many, advocates say the drop is encouraging news.

"I have noticed all over the country that communities have responded positively and energetically to the epidemic of gun deaths among children," says Geoffrey Canada, president and CEO of Rheedlen Centers for Children and Families in New York and the Black Community Crusade for Children (BCCC) working committee co-chair. "A number of grassroots activities have sprung up. The word has gone out and we're seeing results."



Still, a child dies from gunfire in America every 100 minutes—14 children each day. American children continue to be at unprecedented risk of death from guns, whether homicides, suicides, or unintentional shootings.

"The number of children killed by guns is still astronomical," says Canada. "The handguns are still out there on the streets and are being handed down from one generation to the next. Until we get serious about guns on the streets, we'll forever have guns as ticking time bombs waiting to go off."

*(See page 2)*

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*by Marian Wright Edelman*

Necessary 19

## Child gun deaths drop for first time in more than a decade

*(Continued from page 1)*

### America less safe than Northern Ireland

Although the modest decline is good news, the comparison to child gun deaths around the world is sobering. According to the Centers for Disease Control and Prevention (CDC), children under age 15 in America are 12 times more likely to die from guns than children in 25 other industrialized countries—including Israel and Northern Ireland (see Figure 1, page 12). Of all the children killed by firearms in the 26 countries studied, *86 percent* were American children.

When 16 children were gunned down in a Dunblane schoolyard on March 13, 1996, Great Britain took decisive gun control steps. Fourteen children are killed every day in the United States, yet our nation continues to take tiny steps to protect its children from gun violence, notes CDF President Marian Wright Edelman.

"Something is wrong with the values of a nation that spends billions every year to protect children against enemies from without, when our children are dying within from guns," says Edelman. "What has happened to us that the killing of children has become routine? We must stand up and say, 'Stop the killing of children.'"

The nation has made real progress in reducing children's deaths from other causes. More than 20 years ago, motor vehicle accidents were the number one killer of children in the United States. Since then, the number of children dying from motor vehicle accidents has decreased by one-third, while the number of children killed by guns has *increased* by more than one-half (see Figure 2, page 12). In some states, gun deaths of children have begun to surpass motor vehicle deaths, though the recent national decline, if it continues, could help reverse this trend.

### All U.S. children at risk

Children of all ages, races, and backgrounds are losing their lives to guns. White children accounted for more than half of the gun deaths in 1995 (2,898), but the rate of firearm deaths is higher among Black children than the rate for White children. Even though Black children make up just 14 percent of the child population (see Table 1, page 13), in 1995, they suffered 41 percent of the gun deaths (2,153).

Between 1984 to 1993, the number of children murdered by guns nearly tripled, while gun suicides rose more slowly and accidents fell. But in 1994 and especially 1995, gun homicides fell—from 3,647 to 3,272 deaths (see Table 2, page 13).

The improvement is particularly striking for homicides among Black young people, ages 15 to 19: of the 539 fewer deaths, 278 were for Black children. One of the most alarming aspects of the surge in firearm deaths among children and young people has been the highly disproportionate impact on young Black males. From 1985 to 1993, their death rate in the 15- to-19-year-old age group climbed steadily, and until 1993 they were five times as likely as White males in this age group to be killed by firearms (see Table 3, page 13, and Figure 3, page 14). Finally, in 1994, the death rate for Black males ages 15 to 19 dropped for the first time in 10 years and by 1995, had fallen significantly—by more than 20 percent.

Canada attributes these positive changes to community efforts but also

**"Something is wrong with the values of a nation that spends billions every year to protect children against enemies from without, when our children are dying within from guns."**

to young people's evolving attitudes about guns and violence. "The message that this is a quick way to destroy yourself has become common knowledge," says Canada. "Young people have learned from the generation above that real errors were made. This generation will be somewhat more careful than the last generation, and they have taken a lot of responsibility for policing themselves."

### Suicide slower to drop

While gun homicides began declining in 1994, the number of young people who take their own lives first declined in 1995. Greater access to guns has been a critical factor in rising teen suicide rates, according to the CDC, particularly for Black children. Although the overwhelming majority of young people who commit firearm suicide are White (1,211 out of 1,450), the suicide rate has been increasing faster among young Black males (see Figure 4, page 14). In 1995, a total of 1,450 American children committed suicide using guns—four every day, and one more child a day than in 1983.

### Public wants action

A new, safer world for children, says CDF Assistant General Counsel Kim

*(See page 12)*

## Key facts & figures

- In 1995, a total of 5,254 American children age 19 and under were killed by guns. That's one child every 100 minutes, or 14 each day.
- After more than a decade of increases, the number of children killed by guns declined in 1995. Still, the number of children who were victims of gun homicides has tripled since 1983.
- Children under age 15 in America are 12 times more likely to die from guns than children in 25 other industrialized countries, including Israel and Northern Ireland.

CDF Reports

*CDF Reports* (ISSN: 0276-6531) is published monthly by the Children's Defense Fund, 25 E Street NW, Washington, DC 20001, 202-628-8787. Year subscription rate: $29.95. For change of address, please include your old mailing label with your new address. Write to the managing editor for permission to reprint any part of this publication. The Charles H. Revson Foundation provides support for all CDF publications.

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# A Voice for Children

*by CDF President Marian Wright Edelman*

## Serving the community instead of time

With the number of legal scrapes that Chuck Lewis experienced growing up, he could easily have wound up serving a prison term instead of the community.

"But God saw fit to give me a chance at a better life," says Lewis, a 40-year law enforcement veteran who is now a sergeant for the U.S. Government Printing Office Police in Washington, D.C.

As a boy, Chuck often spent his days running the streets and his evenings stealing hubcaps and getting into other mischief. Before long a judge whose patience had almost run out warned, "One more instance of any kind and I'll throw you in jail for so long that you'll forget your name."

With that advice, young Lewis packed his bags and headed for the Army. There he met people who believed in him and taught him self-discipline. He served in Vietnam and joined the military police, discovering it was far more productive to help recruits steer clear of trouble than locking them up.

"We have to catch these kids between ages 6 and 13 and make a positive difference in their lives," says Lewis, a member of the Black Police Association and president of the Fraternal Order of Police, Lodge #2 in the District. "I've learned that many of the kids who get into trouble are a lot like I was. Most of the time they just need somebody to believe in them. I understand that some young people are violent . . . but most are not.

**It ... makes more sense to treat [children] with love and get them involved in something constructive ... *before* they get into trouble.**

"Everybody seems to be talking about trying more children as adults, but . . . it sure makes more sense to treat them with love and get them involved in something constructive and meaningful *before* they get into trouble."

Lewis is right. Studies have shown that trying children in adult courts does not deter criminal behavior. A new study in Florida, for example, found that young people tried as adults committed new crimes sooner after their release from prison and perpetrated more serious and violent crimes than those tried as juveniles. That's because adult facilities are "crime schools" where young convicts learn from the worst possible role models—hardened criminals. Adult prisons lack the education, counseling, and treatment that help young offenders rehabilitate themselves.

This fall the U.S. Senate will vote on a bill, S.10, which could mean more children than ever being thrown into adult prisons. The House already has passed an equally harsh companion bill, H.R.3. We must act now to protect children from being trampled by gutless politicians seeking to prove they are "tough on crime."

Call your senators while they are home in August and ask them to support crucial changes to S.10. Tell them that we musn't allow children to be tried in adult courts and thrown into adult prisons where they will only learn to be better criminals; be subjected to harassment, assault, and rape; and face increased risk for suicide. Tell them that we must invest in intervention and prevention to stop the flow of guns into our children's communities and homes. And if our children are unfortunate enough to land in court, tell your senators to make sure they receive the kind of education and psychological treatment that will help them lead productive lives.

"Not only does imprisonment rob too many youths of a chance for a better life," says Lewis, "but it also robs society of the benefit of their potential good."



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# Off welfare and off to work? Not likely, GAO finds

A new analysis of pilot programs under the now-defunct Aid to Families with Dependent Children (AFDC) offers a snapshot of what states may face as the new welfare law takes effect, according to a report by the General Accounting Office (GAO).

Despite the pilot programs' stated emphasis on moving families toward work, *Welfare Reform: States' Early Experiences with Benefit Termination* found no clear indicators that a significant number of welfare recipients who lost benefits under waivers actually found work. The report also indicated that few replaced their families' lost income with work performed by other household members.

## Many families affected

As many as 18,000 families lost their cash benefits entirely, with most of these terminations — nearly 13,000 — clustered in three states: Iowa, Massachusetts, and Wisconsin.

"These states made harsher choices and often made errors which were reversed when families appealed their loss of assistance," explains Deborah Weinstein, director of CDF's family income division. "Other states tried to avoid terminations and took responsibility for helping families who were having difficulty meeting the new requirements. To protect children and families, states should use less draconian measures than outright termination."

As Weinstein notes, the Temporary Assistance for Needy Families (TANF) legislation does not require states to use cutoffs of all cash benefits when a family has not complied with program rules. It allows states to impose partial reductions in aid, which will hurt children less. (On July 1, TANF replaced AFDC, which Congress repealed one year ago.)

As GAO concluded, "These states' experiences . . . highlight the challenges all states may face in implementing similar provisions of the new welfare reform law."

Perhaps most startling, the report showed that families lost more than cash when they lost AFDC assistance. For example, in Massachusetts, 100 percent of families receiving AFDC were covered by Medicaid before cutoff; afterward, only 58 percent received Medicaid coverage. In Wisconsin, 84 percent of AFDC families received food stamps before cutoff; afterward, only 53 percent continued to receive food stamps.

In most instances, these families were expected to continue to qualify for these programs, but the cash cutoffs created new administrative and other obstacles.

## Cut-offs to escalate

GAO asserted that cutoffs will escalate under TANF because of new time limits and because there are few exemptions for parents with disabilities and families with young children.

In the programs GAO analyzed, relatively few families cut off from AFDC either found work or moved in with someone who held a job that brought income to the family. In Massachusetts, for example, only 23 percent showed household job earnings, but half already had earnings prior to termination. Therefore, only about one in nine families actually found employment after being cut off from benefits.

"If the aim of these demonstrations is to move families from welfare to work," Weinstein notes, "these results are *not* impressive."

Moreover, a large number of families had benefits subsequently reinstated, after they complied with program requirements, adding further evidence that terminated families had not found jobs offering above-poverty wages. Between 18 percent and 47 percent of families in seven of the states studied returned to AFDC. While GAO concluded that penalties were frequently effective in encouraging compliance with program rules, the report found that penalties seldom led to independent employment.

## Administrative errors

Another troubling finding was that an alarmingly high number of terminations occurred because of administrative error, especially in initial phases of program setup. For example, in Milwaukee County, Wis., 5,182 sanctions were imposed through August 1996, but 44 percent were later reversed after inaccurate data were corrected or parents were found to have met eligibility requirements.

In Wisconsin, a two-month experiment with automatic sanctions led to a startling 70 percent error rate. In Iowa, 50 percent of cases referred for sanction were returned to caseworkers for further review. In Massachusetts, 47 percent of nearly 1,000 sanctioned families who appealed succeeded in reversing at least part of their penalties.

In making the transition to work requirements, GAO noted: "[W]elfare advocates and state officials raised concerns that workers were not adequately trained in case management. . . . High caseloads and complex new program rules prevented workers from paying enough attention to individual cases to ensure that recipients, many with barriers to employability, were assigned appropriate work requirements and provided sufficient supports."

Ideally, states' TANF programs will emphasize work incentives such as child care and help with transportation, Weinstein says, because GAO's initial data make it clear that a focus on termination and work requirements does not move families toward employment. "And, in the long run, the stability of families depends on the ability to find work and keep it."

*A single free copy of* Welfare Reform: States' Early Experiences with Benefit Termination *is available from the GAO, 202-512-6000.*

# Child Protection

## Community partnerships are key to helping keep children safe from abuse and neglect

When the parents of a 10-month-old in Louisville, Ky., became angry that their baby was not yet toilet-trained, caseworkers at the nearby Neighborhood Place family resource center recognized their anxiety, reassured them that the child was indeed developing normally, and quickly provided guidance to prevent the stress from escalating into abuse.

When the mother of infant twin girls in Cleveland, Ohio, was admitted for nearly two months to a local substance abuse treatment center, she was afraid that she wouldn't get to see her children. But through a local initiative, Family-to-Family, her daughters were placed with a foster parent two blocks from the facility, and every Friday the mother and babies were able to see each other. Today, even though the mother has successfully completed treatment and returned home, she still gets help from their former foster parent, whom she now considers part of the family. The foster parent regularly cares for the twins when their mother attends follow-up group sessions and helps out by picking up clothes and medications for the family.

Efforts such as these to keep children safe from abuse and neglect through neighborhood-based assistance—underway in dozens of localities nationwide—illustrate the important and growing role of community partnerships.

Parents, neighbors, teachers, business representatives, clergy, staff from multiple private and public child-serving agencies, and others are uniting and rethinking how America safeguards its children and are becoming actively engaged in protecting children.

"Most of the regular child protection agencies deal with crises," explains Sylvia Johnson, administrator of Neighborhood

*(See page 6)*

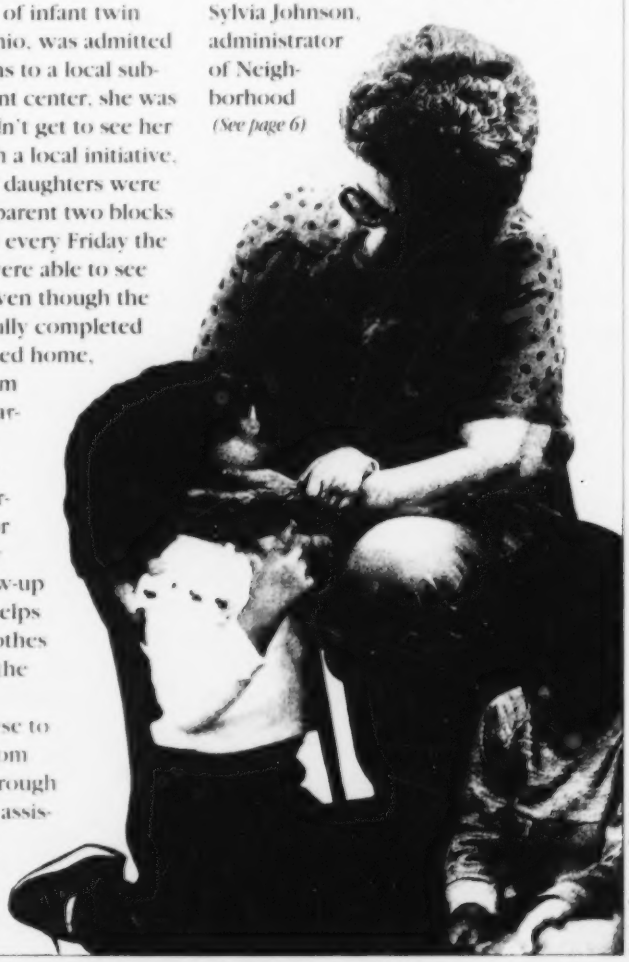

Photo © Linda Bartlett

### Child protection

*(Continued from page 5)*

Place Ujima, one of seven family resource centers located throughout Louisville. "With the community partnership, we're adding a step to help prevent abuse and neglect. We're intervening and helping people to develop some skills."

> **"... If we are truly going to protect children, everyone in the community needs to be involved in efforts to keep children safe."**

Louisville, Ky., and three other sites—Jacksonville, Fla., St. Louis, Mo., and Cedar Rapids, Iowa—with funding from the Edna McConnell Clark Foundation and guidance from the Washington, D.C.-based Center for the Study of Social Policy are beginning to shift the focus of child protection beyond public agencies to community centers, schools, neighborhood blocks, and family homes.

Other types of community partnerships also are central to initiatives like Family-to-Family in Cuyahoga County, Ohio, funded with support from the Annie E. Casey Foundation, and permanency initiatives funded by the Kellogg Foundation's Families for Kids initiative. They have emerged as agencies grapple with how to improve child protection services.

"These initiatives recognize that if we are truly going to protect children, everyone in the community needs to be involved in efforts to keep children safe," says CDF Child Welfare Director MaryLee Allen.

### The challenges ahead

In 1995 alone, nearly one million children—including one in five who are infants or toddlers—were abused or neglected, and an estimated 483,000 children were in foster care. Approximately 100,000 of those children in foster care were awaiting adoption or other permanent homes. At least two-thirds of those awaiting permanent placements had physical, mental, or emotional disabilities that made it even more difficult to match them with adoptive families.

Recent research also suggests that the incidence of child abuse and neglect is even higher than data from state agencies indicate, that many children identified as abused or neglected aren't getting adequate care, and that too many children are lingering in foster care. The research shows that the child protection system's ability to protect children is compromised and agency staffs are frustrated by their inability to address these problems. Child protection agencies across the nation have come under fire for these failures; systems in almost half the states are the subject of lawsuits.

And, child protection agencies are likely to face even greater demands in the future. Effective July 1, 1997, families receiving cash assistance under Temporary Assistance to Needy Families program (TANF) are subject to strict eligibility and work rules, which may place additional stress on parents

*(See page 7)*

## Steps for states and communities interested in community partnerships**

Here are seven important steps for states and communities to take to "get from here to there" when promoting community partnerships for child protection:

1 Agree that the child protective services agency alone cannot protect children and that change must include partnerships.

2 Start partnerships that include parents as well as other agencies and organizations that serve children.

3 Create different responses to the varied needs of families for child protection.

4 Develop comprehensive neighborhood-based supports and services that include both informal and formal supports and reorganize services so they are more accessible to the community.

5 Transform the public child protection agency so that it can assess families' needs more comprehensively, engage families and informal networks of support, and form teams, both across agencies and with community leaders and organizations.

6 Shift intake and follow-up care for lower risk families to the community-based system so earlier attention can be paid to their problems. This will enable child protection agencies to concentrate their efforts on families with the most serious problems.

7 Institute a system of governance and accountability for protecting children, in which responsibility is shared by multiple agencies and organizations in the community.

***Adapted from* Child Protection: Building Community Partnerships, *by Frank Farrow with The Executive Session on Child Protection, John F. Kennedy School of Government, Harvard University.*

## Child protection

*(Continued from page 6)*

and could start some along a downward spiral leading to neglect and abuse of their children.

Experts agree the current child protection system is in great disarray and that too many public agencies are ill-equipped to respond alone.

> **"I think it's important to have someone living in the neighborhood who can show people how they can do better."**

### Protecting children through prevention

"Community partnerships for child protection offer new opportunities to change how the system works for children and families," says Allen. The Executive Session on Child Protection at Harvard University's John F. Kennedy School of Government recently issued a working paper that concluded that only by expanding accountability for safeguarding children to the community can society begin to tackle the problem of child abuse and neglect.

Developed by child protection experts over a three-year period, this report promotes community partnerships as "a new way of ensuring effective service delivery to families in which maltreatment has occurred, as well as a way of extending public responsibility for child safety."

*According to Child Protection: Building Community Partnerships*, individuals, public institutions, family-serving agencies, and businesses will make available "an array of in-home and out-of-home interventions" to protect children by preventing maltreatment before it occurs, identify and respond to the diverse causes of child abuse and neglect, respond more flexibly to the risk of maltreatment, and enable more effective prosecution of abuse and neglect.

The process of building a community partnership requires a willingness to undertake a new way of doing business among all the partners. Perhaps most daunting is the change necessitated within the structure of public child protective service agencies. They must adopt a vision that acknowledges a need for shared responsibility, train their staffs for their new roles, and work with their new partners to maximize trust and effectiveness. In some communities, deep layers of mistrust must be cut through before child protective services can reach across agencies and out to families.

### Developing a network of support

As communities lay the groundwork for this new approach, it's important that all participants shape the partnership's development. At the same time, it is critical that the child protective services agency take responsibility for establishing guidelines for the partnership and safety plans for each child and family coming into the community's care.

A community partnership in Jacksonville, Fla., is developing networks of support for families so that organizations other than the local Department of Children and Families (DCF) can respond appropriately. All families brought to the attention of authorities receive an assessment and referrals to appropriate services, but only the families with the gravest problems are assigned to DCF caseworkers. If warranted, caseworkers involve law enforcement agencies. When DCF receives a report of what appears to be less serious abuse and neglect, they direct it to one of five centers, all based in schools, for follow-up.

An outreach worker then arranges to visit the home, helps the family get the services it needs, and monitors progress. Five schools serve about 1,000 families living in low-income housing in neighborhoods throughout Jacksonville.

According to outreach worker Al Walker, the volume of community members' requests for services has increased during the past year, while the number of abuse and neglect cases has declined.

"Dealing with the community has given us a closer relationship with the residents," Walker says. "They are readily talking to us, asking for services before it gets to the point of actual abuse and neglect."

Veronica Horne, resident of the low-income housing complex Hilltop Village, first heard of the community partnership when she attended an open meeting. She began volunteering as a DCF liaison with Hilltop Village residents. Horne helps families by taking children to the doctor, arranging visits between children in foster care and their families, and running errands for parents who work.

"I love my community, and I don't mind working hard for change," says

> **"Community partnerships for child protection offer new opportunities to change how the system works for children and families."**

the mother of four, who feels the community partnership is effective because so many residents are eager to improve children's safety. "I know . . . the stress of being a single parent bringing up children on your own. Everybody wants to do better, but until now, they just didn't know of the resources. I think it's important to have someone living in the neighborhood who can show people how they can do better."

*(See page 9)*

# Congregations and schools help protect children

Communities increasingly are involving neighborhood institutions such as religious congregations, schools, and child care programs to help keep children safe and to get them the help they need more effectively than the child protective service agency can alone.

According to Linda West, program director of Mississippi Families for Kids, in Jackson, Miss., congregations in dozens of communities across the state are taking steps to provide more support for families.

> "We are working toward some real change in terms of moving the church beyond the pulpit and out into the community to show that churches can be involved in social change."

In some neighborhoods, an agency social worker seeks out a local congregation when a family needs extra help, and the pastor or a congregant then helps family members locate assistance. And families in the area volunteer as "respite families," caring on a short-term basis for children whose families are in crisis.

In other communities, religious organizations also help sponsor local parent support groups, recruit adoptive parents for children awaiting permanent placement, and connect overwhelmed families with trained neighbors who can lend support in times of need.

"We are working toward some real change in terms of moving the church beyond the pulpit and out into the community to show that churches can be involved in social change," West explains.

### Using schools as a way to keep children safe

In St. Louis, Mo., a school is the focal point for teachers, parents, agency workers, and community members striving to keep children safe in the community.

Parents from the community first canvassed the neighborhood surrounding Sigel Elementary School in inner-city St. Louis to identify services and activities community members wanted. Now, Sigel Community Education Center, which is home to Sigel Elementary, is where neighborhood residents sign up for social services, receive family counseling, join a parent support group, and learn about nutrition. Among the services are those provided by 11 child protection workers who handle neighborhood cases.

One of the child abuse prevention activities being undertaken at Sigel is a project to reduce student absenteeism and to respond more quickly when long-term absences may indicate neglect or abuse. In case of neglect or abuse, community partnership staff will link the families of absentee children with school-based social workers and agency caseworkers.

Using schools as a way to keep children safe from abuse and neglect allows community members to get the resources they need in a convenient location, says Sigel Elementary School Principal Gerald Arbini. In September, Sigel is initiating a "parents anonymous" group to support overburdened parents and a conflict resolution project for families.

The community partnership, says Arbini, "has given the community ownership, and along with that, responsibility and accountability for protecting children."

In Jacksonville, Fla., reports that don't require a response from child protective services are referred to the "full service" school, which knows local resources and often can assist families in getting appropriate help.

### Child care providers supporting families

In other communities, neighborhood child care providers are being trained to respond to less serious reports of child abuse or neglect concerning families who have children attending their preschool programs, so they can get appropriate services.

In many cases, religious organizations, schools, and child care centers are much more aware of supportive services for families. Some community-based organizations are using "geo-mapping" to gain information about their neighborhood's strengths and needs. Residents and agency staff together create detailed computer maps that display demographic information and can identify resources for families. They may begin with services that are part of formal United Way networks, but then move on to diagram child care centers, soup kitchens, and family support groups, to help families find assistance close to home.

> "The community partnership has given the community ownership, and along with that, responsibility and accountability for protecting children."

Such computer mapping in Cedar Rapids, Iowa, revealed distinct overlaps between incidents of child and spousal abuse, a finding that refocused that community's energies.

# Federal–state partnerships needed to protect children

Congress has opportunities both this year and next to pass legislation to better protect children.

The S.A.F.E. (Safe Adoptions and Family Environments) Act (S.511), pending now in the Senate, takes important steps to keep children at risk of abuse and neglect safe and in permanent families. It makes significant improvements to the Adoption Promotion Act, already passed by the House. S.511 increases funds for substance abuse treatment, mental health and domestic violence services, and training for court staff and others to enable prompt decisions about the appropriateness of adoption and other permanent options for children in foster care.

S.511 also extends adoption assistance to additional families to help move children more quickly to adoption. And it provides funds to states so they can pursue innovations such as community partnerships for child protection.

Next year, the Family Preservation and Support Services Program (FPSSP), another initiative designed to help keep children safe, must be reauthorized by Congress. Since 1994, this initiative has been a catalyst for states to design, expand, and implement services to help families to prevent child abuse and neglect before it occurs, and to assist families already in crisis. In some states, parents, community leaders, and representatives from a broad range of child-serving agencies have joined child welfare agency staff to assess current needs and services and to decide how FPSSP funds could be best spent to prevent child abuse and neglect from occurring or reoccurring.

This preventive services program complements the S.A.F.E. Act's focus on children already in danger who cannot be kept safely with their families and for whom adoption may be the best plan.

To help better protect children, you can:

- Urge your senators to seek passage of a bill combining the improvements in the S.A.F.E. Act with some of the reforms in the House-passed Adoption Promotion Act.
- Contact the multi-issue child advocacy group or FPSSP coordinator in your state to learn more about how FPSSP has helped to benefit local children.

## Child protection

*(Continued from page 7)*

### Getting communities involved in foster care

Neighborhood-based services are changing the face of foster care for some children in Cuyahoga County (Cleveland) Ohio, where parents, foster families, and social workers weave a web of support. Family-to-Family selects foster parents from neighborhoods where abuse or neglect has occurred and trains them to work closely with birth parents who are ready to work toward being reunited with their children.

By placing children in neighborhood foster families, providing support, such as after-school and weekend activities, and locating nearby social workers, the initiative makes it possible to avoid institutional placements and reduce overall time in foster care. Social workers and foster and birth parents meet regularly to plan what's best for the child, and together foster and birth parents often take care of children's needs, such as doctors' appointments.

According to Terry Ali, Family-to-Family neighborhood foster care liaison, everyone likes the new approach.

"The parents appreciate it," Ali says. "It's what makes a big difference in a parent's life. In some cases, adoption becomes the plan, but the birth parent has the confidence her child will be well cared for."

Los Angeles County also is increasing the placement of children in foster homes in their own neighborhoods through California's two-year-old Community-Based Placement program. As in Cuyahoga County, trained foster parents serve as parenting role models for birth parents. Los Angeles also tries to keep children who are in foster care in their home schools.

As *Child Protection: Building Community Partnerships* points out, less formal networks and resources are more trusted by struggling families than more formal approaches. Neighborhood-based supports are able to reach families earlier and keep a keener eye on children's safety than a traditional agency.

"Community partnerships offer a chance not only to strengthen communities so they can support families but to strengthen families so they can support and protect their children," Allen says.

*To learn more about community partnerships, contact the Center for the Study of Social Policy's Clearinghouse on Community-Based Child Protection at 202-371-1565 and ask for the Clearinghouse, or write: Clearinghouse on Community-Based Child Protection, c/o CSSP, 1250 Eye Street NW, Suite 503, Washington, DC 20005. To order a free copy of* Child Protection: Building Community Partnerships, *call the John F. Kennedy School of Government at 617-495-1161. For more information about children and families in crisis, see CDF's* The State of America's Children Yearbook 1997.

# A look inside the child protection system

It wasn't until SuEllen Fried accompanied Jackson County, Mo., child protective services workers on a home visit, to a hearing to terminate parental rights, and to an interview in a sexual abuse case that she realized the enormous pressure these workers are under each day to make decisions that have a profound effect on many lives—often without the resources and moral support they need.

"I was appalled, overwhelmed, and moved," says Fried, a community volunteer and commissioner for the Local INvestment Commission (LINC), a citizen-led group working with state and local leaders to improve the lives of children and families in Kansas City and Jackson County.

Her experience was coordinated through Kansas City's Walk in My Shoes program, a joint project of LINC and the Jackson County Department of Family Services (DFS). Walk in My Shoes is designed to increase public understanding of the child protection system by pairing community members and caseworkers. The "walkers," who must sign a confidentiality agreement, spend about 16 hours during several weeks with DFS children's services caseworkers.

As a result of Fried's walk, she and other concerned citizens are pressing county officials to ensure that all protective service workers have cellular telephones so they can more easily reach families, handle emergencies, and feel secure while visiting crime-ridden neighborhoods. In the meantime, Sprint Telecommunications has agreed to donate 25 cellular phones to the agency, according to Thomastine Nosiri, DFS director of children's services.

Fried says her walk revealed some of the persistent problems that compromise the ability of caseworkers to protect children, including low salaries, high staff turnover, and general public disdain.

"The more people that would do a Walk in My Shoes and begin to see all the problems in the system, the better," she says.

While a Legal Aid attorney, a family court employee, a minister, a reporter for the *Kansas City Star*, and other local professionals have participated in walks, Nosiri says she hopes more people take part and see firsthand how child protection agencies work.

**"The more people that would do a Walk in My Shoes and begin to see all the problems in the system, the better."**

The program encourages people to think about how they can take more responsibility for keeping children safe in their own neighborhoods (see story, p. 8).

The project is just one way communities are analyzing their child protection systems, a crucial starting point for developing community partnerships for child protection.

### Hotlines register concerns

Advocates around the country have designed innovative projects with a similar goal in mind. In response to criticism of the child protection systems in their states, advocacy groups in Kentucky and New Jersey recently encouraged people to air their views by dialing toll-free hotlines.

The hotlines threw open the usually closed child protection systems to public scrutiny, permitting caseworkers, parents, teachers, police officers, social workers, and others to document system weaknesses.

Prompted by the death of a child under agency supervision, Kentucky Youth Advocates (KYA) developed the hotline project to learn more about why the state's Department of Social Services was failing to protect children. Staffed by trained volunteers, the Louisville-based hotline operated four nights a week between 6 p.m. and 9 p.m. for three weeks during the summer of 1995.

The 261 callers from around the state said the same thing: overburdened and overwhelmed, the agency's staff had far too many cases to adequately protect abused and neglected children. A comprehensive examination of the crisis in Kentucky, along with recommendations, *Above and Beyond*, was issued in September 1995. As a result, state lawmakers and Cabinet members decided to include more money in the state budget to hire additional caseworkers and provide better training for social workers.

"A hotline is a way to get some tangible, concrete information from people inside the system that you can take to the powers that be," explains Jackie Town, KYA's director of case advocacy. The publicity generated by the findings also helped mobilize the community to play a role in safeguarding children.

Town says once the findings were released, Kentuckians wanted to know what they could do to help. KYA directed them to domestic violence shelters, tutoring and mentoring programs, and other volunteer opportunities. Others donated money to organizations working with vulnerable families or contacted state and federal lawmakers to request they pay more attention to children's needs.

In 1996, the Association for Children of New Jersey (ACNJ) surveyed 1,200 people who routinely report child abuse and neglect in the course of their jobs, including police, teachers and principals, child care workers, hospital workers, and pediatricians, to deter-

*(See page 11)*

### A look inside the child protection system

*(Continued from page 10)*

mine how well the system responds. ACNJ then asked the Kentucky group to help them set up a hotline to field calls from others involved with child protection. Over a seven-night period, there were 350 callers who complained that agencies were not giving child abuse and neglect cases the attention they needed.

"Many times we make phone calls at the hospital, but the Department of Youth and Family Services (DYFS) will not come out unless it is almost catastrophic," said a hospital social worker. "Bruises are not enough anymore. They need broken bones."

Another concern was large caseloads. "We are so understaffed that children are not safe," said a DYFS caseworker. "There is no time to work with families—we put band-aids on and close the case. We're concerned that a child will die."

The widespread media coverage and heightened public awareness generated by comments received through the hotline resulted in agency leadership changes, promises by Gov. Christine Todd Whitman to increase the DYFS budget, and unprecedented community support for reform efforts. It also put children's safety high on the community's agenda.

"The hotline really did inspire a lot of people to participate and make their voices heard," says Debbie Croswell, ACNJ staff associate.

Adds ACNJ associate director Cecilia Zalkind, "We certainly now have a network of people to share information on legislation and on advocacy efforts."

### Behind the scenes: Child Watch

Residents of Mt. Pleasant, Mich., learned firsthand this year about how domestic violence and child abuse affect families and communities. They met with local child abuse prosecutors, listening to a recording of a young child who placed an emergency call for help while his mother was being assaulted by her boyfriend, attending group meetings for men convicted of abusing women and children, and visiting children at a family shelter.

The Child Watch Coalition of Mt. Pleasant hosted the tour coordinated through CDF's Child Watch Visitation program. Child Watch is an effective way of bringing community members into neighborhoods where vulnerable families live and highlighting their needs, says Dave Bair, a prevention coordinator at Central Michigan Mental Health Services.

"It really gives adults a conversion experience," explains Bair. "It's about personalizing children's suffering."

Bair says Child Watch participants were deeply moved by what they saw. Many decided to make donations or volunteer for local organizations; the local newspaper got involved by running a series of articles about domestic violence and child abuse.

Child Watch visits not only provide eye-opening experiences but also help community members think about ways they can better protect children, says CDF Child Watch Director Karen Seaver Hill. "Our hope is that Child Watch participants learn more about children's needs and become inspired to work with others in their community to make sure all children are safe."

Bair agrees. "It's important to show people how they can make a difference in children's lives."

*For more information about CDF's Child Watch Visitation Program, call 202-662-3674.*

## Ten ways YOU can help keep children safe

1 Offer support to a member of your family or to another family in your neighborhood or in your child's school who needs extra help.

2 If you are a parent, learn all you can about parenting and child development. Seek support from others before you become overwhelmed.

3 Call your local child protective services agency if you suspect a child is being abused or neglected.

4 Interest your church, synagogue, or mosque in contributing dollars, space, and/or volunteers to a neighborhood family resource center or other child abuse prevention resource in your community.

5 Persuade your employer or local civic group to "adopt" a family who needs help or a local child protective services worker who can use assistance with serving families.

6 Tutor or mentor a school-age child.

7 Contribute your time, expertise, or money to a child abuse prevention program, a shelter for homeless families or runaway youths, or a shelter for families escaping domestic violence.

8 Commit to serving as a member of a citizen review board that periodically reviews the status of children in foster care or as a Court Appointed Special Advocate (CASA) who represents children in abuse and neglect proceedings in court.

9 With others, urge your local school to extend its hours and offer a safe haven for young people of all ages in the community.

10 Lend your support for changes in local, state, or federal policies that would better protect children.



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## Child gun deaths drop for first time in more than a decade

*(Continued from page 2)*

Wade, will depend in great part on the work of communities that provide children with positive alternatives to the streets and open their schools, houses of worship, and recreation centers for tutoring, positive activities, and counseling after school, on weekends, and in the summer. Communities must also continue to work with police to remove illegal guns and organize religious and community groups to mentor and support parents and young people in need of guidance.

Certainly, the public appears to want to break the tragic link between children and guns. Of 1,200 Americans surveyed in 1996 by the National Opinion Research Center at the University of Chicago and the Johns Hopkins University Center for Gun Policy and Research, 86 percent want to require that all new handguns are childproof.

The survey, released in March 1997, also makes clear the public supports a crackdown on illegal gun markets, where children often obtain guns. In addition, 81 percent back mandatory registration of handguns and pistols, 81 percent want handgun sales to an individual limited to at most one per month, and 77 percent want all sales to include a background check.

Gun ownership *has* declined, as public awareness has spread about the health and safety risks of guns in the home. A recent National Institute of Justice poll suggests that more than one-third of all households own guns, down from previous reports of one-half.

However, 20 percent of all households that reported owning guns said they keep them unlocked and loaded. "This is a recipe for tragedy for children or for depressed or angry family members who come upon these guns," says Wade. "Much more needs to be done to remove guns from homes with children."

## Background checks and trigger locks helpful

Since the federal government has been slow to take action keeping children safe from guns, says Wade, recent solutions have been coming from states and localities.

In Virginia, a "one handgun a month" initiative passed in 1993 has cut in half that state's share of guns recovered in crimes committed in Northeast states. Thirty jurisdictions in California have banned domestic "junk guns," which fail to meet safety standards and, because they are cheap and easy to conceal, are often used in youth crime (see story, page 16). "Gun tracing," to trace illegal guns back to the last legal owner or dealer, has been piloted in Illinois—as well as in 17 other cities (see page 18). An additional 10 cities will begin gun tracing this fall with federal and local law enforcement cooperation. And in Washington state, a pioneering initiative will be put to voters on election day this November to require safety locks on handguns, as well as licensing and training of handgun owners (see page 17).

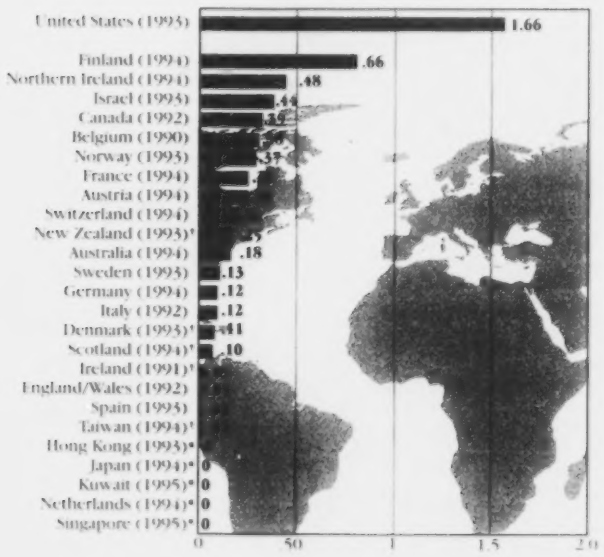
> **"Much more needs to be done to remove guns from homes with children."**

Federal legislation is also critical to protect children. Since its March 1, 1994, enactment, the "Brady law," requiring background checks of prospective buyers, stopped handgun purchases by nearly 250,000 felons, fugitives, and others who are not permitted to buy guns. Although the

*(See page 14)*

**Figure 1** — **First-World Child Firearm Deaths**

**Rates* of firearm-related deaths• of children, ages 0-14, in 26 industrialized countries**




* Deaths per 100,000 children

• Including homicide, suicide, unintentional, and intention undetermined

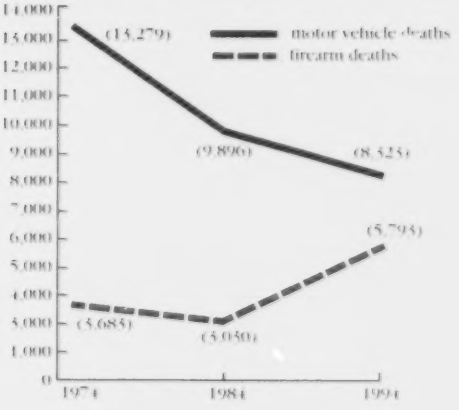
† Reported only unintentional firearm-related deaths

■ Gun death rates too low to measure accurately

Source: Centers for Disease Control and Prevention, *Morbidity and Mortality Weekly Report*, February 7, 1997, page 101

**Figure 2** — **Firearm vs. Motor Vehicle Deaths Over Time**

**Firearm deaths among children and teens, ages 0-19, compared to motor vehicle accident deaths, 1974-1994**




Source: National Center for Health Statistics

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## Firearm deaths of children and teens, ages 0-19, by age, race*, and cause, 1995

| Age | All firearm deaths | | Homicide | | Suicide | | Accident | | Unknown intent | |
|---|---|---|---|---|---|---|---|---|---|---|
| | White | Black | White | Black | White | Black | White | Black | White | Black |
| Under 1 | 4 | 4 | 4 | 4 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1-4 | 54 | 39 | 41 | 29 | 0 | 0 | 12 | 8 | 1 | 2 |
| 5-9 | 72 | 25 | 46 | 20 | 1 | 0 | 22 | 4 | 3 | 1 |
| 10-14 | 430 | 182 | 154 | 137 | 160 | 17 | 105 | 21 | 11 | 7 |
| 15-19 | 2,354 | 1,917 | 1,079 | 1,638 | 1,049 | 175 | 175 | 74 | 51 | 30 |
| Total | 2,914 | 2,167 | 1,324 | 1,828 | 1,210 | 192 | 314 | 107 | 66 | 40 |

* NCHS unpublished tabulations present data for Whites and Blacks, but not for other races.
Source: National Center for Health Statistics, Division of Vital Statistics. Calculations by Children's Defense Fund.



## Firearm deaths of children and teens, ages 1-19, by cause, 1979–1995

| Year | Homicide* | Suicide | Accident | Unknown | Total* |
|---|---|---|---|---|---|
| 1979 | 1,644 | 1,220 | 722 | 112 | 3,698 |
| 1980 | 1,730 | 1,212 | 686 | 105 | 3,733 |
| 1981 | 1,647 | 1,211 | 602 | 113 | 3,573 |
| 1982 | 1,484 | 1,207 | 549 | 77 | 3,317 |
| 1983 | 1,231 | 1,149 | 511 | 60 | 2,951 |
| 1984 | 1,274 | 1,112 | 552 | 77 | 3,015 |
| 1985 | 1,339 | 1,256 | 517 | 72 | 3,184 |
| 1986 | 1,529 | 1,292 | 469 | 72 | 3,362 |
| 1987 | 1,582 | 1,280 | 466 | 80 | 3,408 |
| 1988 | 1,961 | 1,386 | 543 | 91 | 3,981 |
| 1989 | 2,384 | 1,379 | 563 | 71 | 4,397 |
| 1990 | 2,858 | 1,474 | 538 | 71 | 4,941 |
| 1991 | 3,264 | 1,436 | 549 | 95 | 5,344 |
| 1992 | 3,351 | 1,426 | 500 | 90 | 5,367 |
| 1993 | 3,647 | 1,460 | 526 | 104 | 5,737 |
| 1994 | 3,608 | 1,565 | 510 | 137 | 5,820 |
| 1995 | 3,272 | 1,450 | 440 | 115 | 5,277 |

*Includes firearm deaths by legal (police) intervention and does not include child deaths from air rifles.

Source: U.S. Department of Health and Human Services, National Center for Health Statistics (NCHS), Division of Vital Statistics. Calculations for 1979-1993 by NCHS, Office of Analysis, Epidemiology and Health Promotion. Calculations for 1994 and 1995 by Children's Defense Fund from data provided by NCHS and Bureau of the Census.



## Firearm death rates among males, ages 15-19, by race, 1979-1995

**Firearm deaths per 100,000 population**

| Year | White | Black | Ratio |
|---|---|---|---|
| 1979 | 20.0 | 42.5 | 2.13 |
| 1980 | 20.7 | 45.5 | 2.20 |
| 1981 | 20.1 | 44.1 | 2.19 |
| 1982 | 19.4 | 40.8 | 2.10 |
| 1983 | 17.7 | 37.9 | 2.14 |
| 1984 | 17.8 | 35.8 | 2.01 |
| 1985 | 18.4 | 46.5 | 2.53 |
| 1986 | 20.1 | 49.7 | 2.47 |
| 1987 | 18.7 | 59.8 | 3.20 |
| 1988 | 21.4 | 80.9 | 3.78 |
| 1989 | 23.1 | 98.2 | 4.25 |
| 1990 | 26.5 | 119.9 | 4.52 |
| 1991 | 29.1 | 140.5 | 4.83 |
| 1992 | 28.8 | 141.0 | 4.90 |
| 1993 | 28.8 | 153.1 | 5.32 |
| 1994 | 29.9 | 150.6 | 5.04 |
| 1995 | 27.6 | 119.9 | 4.34 |

Source: 1979-1993 data from National Center for Health Statistics (NCHS) computed by the Office of Analysis, Epidemiology and Health Promotion from data compiled by the Division of Vital Statistics and the Bureau of the Census. 1994 and 1995 calculations by Children's Defense Fund, from data provided by NCHS and Bureau of the Census.



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### Child gun deaths drop for first time in more than a decade

*(Continued from page 12)*

Supreme Court in late June struck down the background check provision on the grounds that it put an unconstitutional burden on local government officials, the waiting period for gun purchases remains in effect.

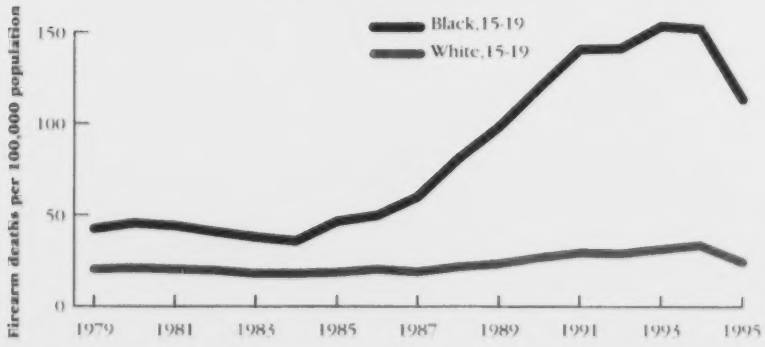
And 27 states now have their own laws requiring background checks, and many local law enforcement officials in the other 23 states will continue to perform voluntary checks. A national "InstaCheck" system is also under development. Waiting periods and background checks are an important part of a common-sense policy to keep guns away from children and those who would harm children, says Wade.

**"If we don't invest as a society in keeping children safe, then we're ensuring our children will learn to act violently, and then they will perpetuate violent acts to the next generation."**

In July, the Senate Judiciary Committee considered and rejected an amendment to the youth violence bill, S.10, to require that child safety locks be sold with handguns. The amendment will be reintroduced when the bill is considered on the Senate floor this fall, and advocates should ask their senators to support it. Child safety locks will help reduce gun accidents and suicides in the home, which kill five children each day.

**Figure 3** Young Male Firearm Deaths Over Time

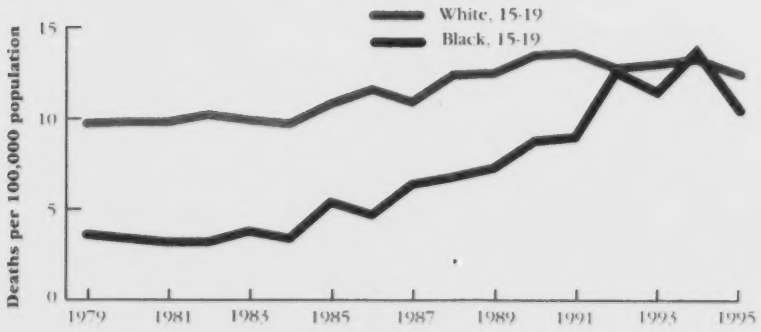
**Firearm death rates among young males, ages 15-19, by race, 1979–1995**




Source: National Center for Health Statistics

**Figure 4** Young Male Firearm Suicides Over Time

**Firearm suicide death rates among young males, ages 15-19, by race, 1979–1995**




Source: National Center for Health Statistics

### Advice for parents and advocates

One crucial way to reduce child gun deaths is for even more states and localities to get involved, national advocates and violence prevention experts say. "People always tell me that we can't do this," says MariaTheresa Viramontes, executive director of the East Bay Public Safety Corridor Partnership in Oakland, Calif. (see page 16). "But the problem can be solved if people know why they're coming together, believe that there are answers to the problem, agree on what should be done, and hold to their commitments."

Parents and advocates should seek out others in their community who are working to protect children from violence, meet to develop a solid plan, and ask other groups to endorse it, says Dan Kotowski, executive director of the Illinois Council Against Handgun Violence in Chicago. Once you've formed a strong coalition, hold a news event, he says, announcing the latest data on child gun deaths in your state or community and your campaign to reduce them (see Table 4). If your plan involves creating a local ordinance or state initiative, be sure to draft a sound policy, and then find an official who agrees with it and will back your cause.

Parents also must have an honest discussion with their children about violence in the community, school, and home, says Canada. And they should conduct an inventory of the community to find out where developmentally appropriate and safe activities exist for children, such as recreation, clubs, sports, and scouting.

Violence is a learned behavior, says Canada. "If we don't invest as a society in keeping children safe, then we're ensuring our children will learn to act violently, and then they will perpetuate violent acts to the next generation.

"Children need to know we'll protect them ... otherwise they'll protect themselves."



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## Firearm deaths among children and teens, ages 0-19, by cause, 1994 and 1995

| | Total firearm* | | Homicide* | | Suicide | | Accident | | Unknown intent | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1994 | 1995 | 1994 | 1995 | 1994 | 1995 | 1994 | 1995 | 1994 | 1995 |
| Alabama | 148 | 119 | 78 | 61 | 34 | 38 | 30 | 15 | 6 | 5 |
| Alaska | 28 | 19 | 7 | 7 | 14 | 8 | 7 | 4 | 0 | 0 |
| Arizona | 125 | 140 | 60 | 92 | 45 | 36 | 10 | 10 | 10 | 2 |
| Arkansas | 62 | 85 | 33 | 48 | 23 | 28 | 2 | 3 | 4 | 6 |
| California | 887 | 843 | 698 | 650 | 119 | 129 | 58 | 53 | 12 | 11 |
| Colorado | 67 | 63 | 26 | 28 | 35 | 26 | 3 | 8 | 3 | 1 |
| Connecticut | 53 | 29 | 35 | 23 | 14 | 5 | 4 | 1 | 0 | 0 |
| Delaware | 8 | 10 | 3 | 7 | 5 | 3 | 2 | 0 | 0 | 0 |
| District of Columbia | 77 | 75 | 75 | 73 | 1 | 2 | 1 | 0 | 0 | 0 |
| Florida | 229 | 204 | 150 | 132 | 67 | 56 | 10 | 12 | 2 | 4 |
| Georgia | 188 | 154 | 111 | 94 | 55 | 46 | 16 | 14 | 6 | 0 |
| Hawaii | 9 | 3 | 0 | 2 | 8 | 1 | 1 | 0 | 0 | 0 |
| Idaho | 25 | 29 | 5 | 7 | 14 | 14 | 6 | 7 | 0 | 1 |
| Illinois | 398 | 320 | 327 | 250 | 52 | 50 | 15 | 16 | 4 | 4 |
| Indiana | 118 | 117 | 59 | 59 | 44 | 40 | 13 | 15 | 2 | 3 |
| Iowa | 39 | 28 | 7 | 7 | 27 | 18 | 4 | 3 | 1 | 0 |
| Kansas | 63 | 49 | 33 | 28 | 22 | 16 | 6 | 5 | 2 | 0 |
| Kentucky | 73 | 59 | 22 | 20 | 33 | 27 | 18 | 12 | 0 | 0 |
| Louisiana | 211 | 171 | 137 | 115 | 49 | 37 | 15 | 19 | 10 | 3 |
| Maine | 14 | 6 | 6 | 0 | 8 | 5 | 0 | 1 | 0 | 0 |
| Maryland | 95 | 143 | 81 | 118 | 11 | 20 | 2 | 1 | 1 | 4 |
| Massachusetts | 46 | 40 | 36 | 32 | 9 | 8 | 1 | 0 | 0 | 0 |
| Michigan | 238 | 202 | 153 | 129 | 63 | 52 | 13 | 14 | 9 | 7 |
| Minnesota | 42 | 54 | 17 | 22 | 19 | 24 | 5 | 8 | 1 | 0 |
| Mississippi | 106 | 101 | 61 | 48 | 20 | 26 | 22 | 21 | 3 | 6 |
| Missouri | 164 | 139 | 99 | 84 | 30 | 40 | 29 | 11 | 6 | 4 |
| Montana | 23 | 20 | 4 | 4 | 11 | 13 | 7 | 2 | 1 | 1 |
| Nebraska | 22 | 24 | 6 | 14 | 10 | 7 | 4 | 3 | 2 | 0 |
| Nevada | 42 | 41 | 20 | 17 | 15 | 21 | 4 | 5 | 3 | 1 |
| New Hampshire | 6 | 10 | 1 | 2 | 5 | 7 | 0 | 1 | 0 | 0 |
| New Jersey | 63 | 55 | 44 | 43 | 13 | 11 | 3 | 0 | 3 | 1 |
| New Mexico | 49 | 37 | 21 | 17 | 24 | 20 | 3 | 0 | 1 | 0 |
| New York | 331 | 234 | 251 | 170 | 57 | 43 | 19 | 16 | 4 | 5 |
| North Carolina | 157 | 150 | 79 | 77 | 60 | 53 | 15 | 19 | 3 | 1 |
| North Dakota | 12 | 12 | 1 | 2 | 10 | 9 | 1 | 1 | 0 | 0 |
| Ohio | 154 | 132 | 71 | 64 | 62 | 46 | 20 | 19 | 1 | 3 |
| Oklahoma | 78 | 74 | 43 | 30 | 25 | 34 | 6 | 8 | 4 | 2 |
| Oregon | 55 | 57 | 19 | 18 | 26 | 28 | 9 | 10 | 1 | 1 |
| Pennsylvania | 156 | 159 | 96 | 100 | 50 | 50 | 7 | 7 | 3 | 2 |
| Rhode Island | 6 | 6 | 4 | 6 | 1 | 0 | 1 | 0 | 0 | 0 |
| South Carolina | 80 | 66 | 49 | 26 | 15 | 24 | 16 | 14 | 0 | 2 |
| South Dakota | 14 | 13 | 0 | 2 | 10 | 7 | 4 | 4 | 0 | 0 |
| Tennessee | 127 | 137 | 65 | 75 | 38 | 40 | 23 | 16 | 1 | 6 |
| Texas | 523 | 462 | 319 | 289 | 151 | 126 | 38 | 32 | 15 | 15 |
| Utah | 45 | 54 | 14 | 14 | 30 | 37 | 0 | 2 | 1 | 1 |
| Vermont | 7 | 6 | 0 | 0 | 6 | 5 | 1 | 1 | 0 | 0 |
| Virginia | 116 | 106 | 67 | 65 | 37 | 29 | 9 | 10 | 3 | 2 |
| Washington | 93 | 75 | 43 | 37 | 37 | 29 | 8 | 7 | 5 | 2 |
| West Virginia | 25 | 28 | 4 | 10 | 14 | 15 | 4 | 3 | 3 | 0 |
| Wisconsin | 78 | 71 | 34 | 30 | 28 | 31 | 15 | 9 | 1 | 1 |
| Wyoming | 18 | 14 | 5 | 1 | 11 | 10 | 2 | 3 | 0 | 0 |
| **United States** | **5,793** | **5,254** | **3,579** | **3,249** | **1,565** | **1,450** | **512** | **440** | **137** | **115** |

*Total gun death and homicide figures do *not* include firearm deaths by legal (police) intervention or child deaths by air rifles.

Source: U.S. Department of Health and Human Services, National Center for Health Statistics, Division of Vital Statistics.
Calculations by Children's Defense Fund.

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# Collaborations in California

Recognizing that violence has no borders, advocates in California have taken a unique multijurisdictional approach to violence prevention that is reducing the number of young people killed by guns in cities from Hercules in the north to Union City in the south.

In 1993, a group of Richmond, Calif., citizens visited their state representatives and asked them to tackle the growing problem of youth violence. After discussions with advocates to determine ways to increase public safety and reduce crime and violence, the East Bay Public Safety Corridor Partnership was initiated.

The partnership, a collaboration of 27 communities, 18 school districts, and 23 law enforcement agencies, operates under the auspices of the East Bay Community Foundation. The communities involved, which are located in a 70-mile corridor on the eastern side of the San Francisco Bay, are represented by a wide range of community members including state legislators, mayors, county supervisors, city administrators, school superintendents, law enforcement leaders, parents, and young people.

Headquartered in Oakland, the partnership administers initiatives that are designed to tackle some of the root causes of crime: unemployment, drug abuse, youth truancy, and the proliferation of gangs. Strategies to prevent domestic and community violence also are key.

"We're interested in saving children's lives," says MariaTheresa Viramontes, executive director of the group. "We want to create an environment that's healthy and allows children to grow and have a good quality of life."

Communities join the partnership voluntarily and can pick and choose which initiatives they want to participate in, relying upon local, state, and federal grants, as well as contributions from nonprofits. Even within the initiatives, communities can develop their own creative solutions as long as they adhere to the partnership's standards.

For example, a community participating in the Youth Violence Prevention Initiative can elect to implement one or

*(See page 17)*

## How to reduce youth violence

There are many ways communities can reduce youth violence and make neighborhoods safer for children. Here is one such plan, developed by the East Bay Public Safety Corridor Partnership, as part of its Youth Violence Prevention Initiative:

1 **Gun Initiatives.** Consider community-friendly gun laws such as elimination of "junk guns"; requiring trigger locks; imposing zoning restrictions for gun sales; limiting home sales of guns; and requiring background certification of gun dealers.

2 **Extended Day.** Make schools a focal point for community activities and safe havens for children by creating after-school programs, Beacon schools*, and Healthy Start programs.

3 **Gun Hotline.** Give people access to a toll-free number to anonymously notify authorities of illegal gun sales and people with guns at school.

4 **School-to-Work.** Initiate job training programs in order to make sure students have opportunities for real jobs after school and after graduation.

5 **Youth Leadership.** Create opportunities for young people to develop leadership skills and take active roles in crime prevention.

6 **Youth and Police.** Encourage positive relationships between police officers and young people through problem-solving and the development of Youth Academies.**

7 **Safe Passage Home.** Work with schools, churches, and nonprofits to form a community policing network in high-risk communities to protect students on their way to and from school.

8 **Truancy Prevention.** Establish a regional truancy standard with school districts to integrate regional truancy centers with comprehensive case management and referrals to alternative educational programs.

9 **Strike One, You're In!** Create a diversion program for first-time offenders, incorporating community-based mentor programs, peer group counseling, and educational options.

10 **A Common Community Approach.** Establish regional Juvenile Justice guidelines with consistent punishments, alternative placements, and significant after-care.

11 **Gang Diversion.** Target gang members, at-risk youth and their siblings with gang diversion programs to curb the level of violence and reduce the overall number of young people involved in gangs.

12 **Making Peace.** Establish conflict resolution and mediation training for young people in conjunction with schools and youth services.

*Beacon Schools are open 12 to 14 hours a day, 6 to 7 days a week. They provide children and adults with recreation, social services, educational opportunities, vocational training, health education, and the opportunity for community meetings, and neighborhood social activities.

**Youth Academies are weekend or summer programs that teach young people about law enforcement (what police do, how police decisions are made, etc.).

*Reprinted with permission from the East Bay Public Safety Corridor Partnership.*

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# A unique gun safety initiative in Washington state

Recently, a 3-year-old left home alone in the Seattle suburb of Beacon Hill found a loaded gun and accidentally shot himself in the head. "It's a common scenario when children find a weapon in the home and play with it," says Bruce Gryniewski, executive director of Seattle-based Washington CeaseFire.

To help prevent accidental shootings and youth suicides, advocates in Washington are taking steps to educate homeowners about gun safety. On July 3, advocates presented 230,000 signatures on a gun safety initiative—enough to qualify for the November 1997 ballot.

If approved by voters on November 4, Initiative 676—the Handgun Safety Act—would require all handgun owners to take an eight-hour safety training course and obtain a safety license that would have to be shown anytime a weapon is purchased. In addition, all guns sold or transferred into ownership would be required to have a trigger lock.

"It's exciting," says Gryniewski. "This is the first time a state gun control initiative has qualified for a vote since 1982."

The National Rifle Association (NRA) is expected to spend millions of dollars to defeat Initiative 676, says Gryniewski. To gear up for the election, Gryniewski and other state advocates now are looking for help gathering data, raising funds, and spreading the word to the public through the media. "It's a real grass roots effort," says Gryniewski. "Many other states are watching what happens in Washington."

### Collaborations in California

*(Continued from page 16)*

more ideas from the partnership's 12-point plan (see box, page 16), which includes everything from truancy prevention to job training to community-friendly gun laws. A community that opts to pass such laws, for instance, then can decide whether to ban "junk guns," require trigger locks, restrict residential gun dealers (who sell firearms from their homes and who make up 74 percent of the federally licensed dealers), and/or apply gun taxes on businesses that sell guns and gun-related products—depending on whichever action best meets its needs.

"We're here to give people reasons why we should all get involved," says Viramontes. "In a civilized country, it's intolerable that homicide is the leading cause of death of children. If that's not enough reason to get involved, I don't know what is."

The partnership's efforts to help cities pass community-friendly gun laws is a good example of why collaboration is so important, says Andres Soto, director of policy at the Pacific Center for Violence Prevention in San Francisco.

Prior to the partnership, the only community in California that had successfully banned junk guns was West Hollywood, according to Soto. Advocates and city officials were looking for other communities to join in the fight, but the rest of the Los Angeles area was silent.

The partnership, however, gave communities the support and courage they needed to take action. Today, 30 cities in four counties—representing 25 percent of the state's population—have adopted a local ordinance banning junk guns. Even Livermore—a conservative community outside the partnership—was able to pass such an ordinance. And the group's political strength this year brought about state legislation banning junk guns. At press time, the bill was awaiting the governor's signature.

"This is a quantum achievement in terms of gun control in California," says Soto. "It all started with the multijurisdictional cooperation, which had a domino effect."

Most importantly, the partnership appears to be reducing crime in the corridor. "In certain neighborhoods, youth violence is still rising," says Viramontes. "But since 1993, overall it has gone down in the corridor. Now we'll target those neighborhoods where there are still problems."


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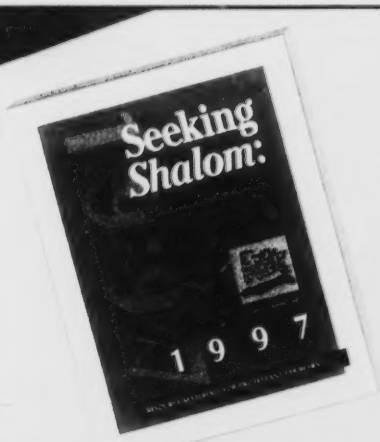


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# Protecting children in Illinois

In Illinois, where 25 children were victims of gun homicide and 16 children were killed accidentally by guns in 1995, advocates have come together to protect children and young people.

"Too many children are dying from gun violence in our state and in the nation," says Dan Kotowski, executive director of the Illinois Council Against Handgun Violence in Chicago. "One of the reasons children are dying is too easy access to guns.

A 25-member coalition of children's advocates began meeting in January 1997 and worked with city officials, including Mayor Richard Daley, to craft an ordinance requiring trigger locks on all guns. These devices prevent a gun from being used without a special key to unlock it, thereby averting unintended or accidental discharge. In March, Chicago officials passed the ordinance.

The coalition also endorsed a statewide initiative that requires law enforcement officials to trace firearms used in crimes by people under age 21 and to log all stolen, seized, or recovered firearms into the Illinois Department of State Police Law Enforcement Agencies Data System (LEADS) Gun File.

At press time, the initiative (Senate Bill 550) was awaiting Gov. Jim Edgar's signature. The initiative would help police officers track down gun traffickers; identify people associating with criminals and gangs; return stolen firearms to their rightful owners; find manufacturers, wholesalers, and retailers possibly breaking gun sales laws; and help the community understand patterns of gun distribution to children.

**"Too many children are dying from gun violence in our state and in the nation. One of the reasons children are dying is too easy access to guns."**

"We take steps to protect children on a daily basis from so many things, like Ajax and aspirin, that it's logical we take these steps," says Kotowski. "Children are dying in record numbers and we need to protect them."


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# Necessary

*News from the Black Community Crusade for Children*

## House Parties mean taking personal responsibility for children

When Christopher Morton established Ebon Exposure four years ago, he sought to shatter media images of Black Americans as lazy, unloving, violent, and self-centered. His organization hoped to cultivate the creative juices in young Blacks, giving them a platform to highlight their artistic genius and show America the unlimited potential of children it writes off every day.

Today, Morton's dream is a reality—and Ebon Exposure has become an invaluable supporter of the Black Community Crusade for Children (BCCC).

"We have been very successful in countering those images," says Morton, executive director of the New York-based group. "By giving exposure to the creativity of our people, we raise our sense of self-worth, and we teach others about our culture and creativity. We get constant comments about the ways in which we are raising the self-esteem of our young people. It allows them to see other visual artists and to feel a sense of pride about who they are. The artists are thankful because Ebon Exposure gives them a good outlet for sharing their talent and a chance to hone their skills."

Last year, Morton and his organization made another stride in improving the lives of Black children when it held its first BCCC House Party. "We did it because we believe it's time for us, as a community, to take responsibility for our children," Morton says. "We can't rely on federal, state, or local authorities. We have to do for ourselves."

Ebon Exposure held its party at a New York City restaurant, where it distributed literature about the BCCC and two other community organizations making a positive impact on Black Americans -- the Harlem School of the Arts and the Spence-Chapin Adoption Agency. "We got involved a little late last year, but we were still able to clear $250 to contribute to the BCCC," Morton says, noting that his group started planning earlier this year and will feature a benefit music concert. "We're extremely excited about the possibilities this year. We are expecting that our party will be even bigger and better."

On September 26, the third annual National House Party Day, Ebon Exposure will be joined by hundreds of Black Americans all across America who will open their homes, dorms, schools, churches, mosques, and community-based organizations to celebrate the Black community's longstanding tradition of self-help. Last year, there were more than 200 House Parties held in 29 states and 105 cities.

Every dollar raised will be matched up to $3 million by the Charles Stewart Mott Foundation to support the work of the BCCC. The grant also endows the former Alex Haley farm, located in Clinton, Tenn., the Children's Defense Fund/BCCC's center for spiritual renewal, character and leadership development, intergenerational mentoring, and interdisciplinary communication. The money will be used to ensure that the strengths and heritage of the Black community are passed on to children.

"The good thing is that when folks like Christopher Morton in New York donate $250 to support the work of the BCCC, they are really giving $500 because the money is matched dollar for dollar," says Wayne Marshall, BCCC development coordinator. "Most people are excited to learn that their contribution is doubled and that they can make twice the difference in the lives of children."

Barbara Kelley-Sease, director of the BCCC, says, "House Parties represent our best tradition of caring and sharing. They offer an opportunity for all of us to unite around the important goals of providing for our children a Healthy Start, a Head Start, a Fair Start, a Safe Start, and a Moral Start in life."

## House Party Kit Order Form

**YES!** I am proud to host a Black Community Crusade for Children (BCCC) House Party on September 26, 1997, to raise funds for the Crusade's future. My House Party's fund-raising goal is: ☐ $100 ☐ $250 ☐ $500 ☐ $1,000 ☐ $2,500 ☐ $5,000 ☐ Other _____

Name: _____

Address: _____

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To receive a free House Party Kit, please complete this form and mail in an envelope to:
Wayne C. Marshall, Development Campaign Coordinator, 25 E Street NW, Washington, DC 20001



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# One step for children

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(See CDF's Web site or the September 1997 *CDF Reports* for details).

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## Of Note

### Conference

**Oct. 4-6 — "Social Work '97: Take Charge of Change,"** Baltimore, sponsored by the National Association of Social Workers. For information or registration, call 1-800-638-8799, ext. 295, or e-mail thorsley@naswdc.org.

### Video

**Voices of Strength: An Inside Look at Children's Mental Health,** from the Center for Mental Health Services at the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration, features families talking about their experiences with children's mental health problems. The 20-minute discussion confirms that children with mental health problems can and do get better. $5. To order, write the CMHS National Mental Health Services Knowledge Exchange Network, PO Box 42490, Washington, DC 20015; call 1-800-789-2647; or order from the Web, www.mentalhealth.org/.

### Publications

***Simple Secrets of Parenting: Easy as ABC,*** from the Child Welfare League of America (CWLA), is a simple A-to-Z guide for busy parents on how to raise children. $9.95. To order, contact CWLA c/o CSSC, PO Box 7816, 300 Raritan Center Parkway, Edison, NJ 08818-7816, 1-800-407-6273.

***Safe Havens: The Contributions of Youth Organizations to Healthy Adolescent Development,*** from the nonprofit Public/Private Ventures (P/PV), summarizes how five youth-serving organizations are faring based on a set of measures for evaluating the developmental quality of the activities and experiences young people receive. $7.50 (pre-payment required). Contact P/PV, One Commerce Square, 2005 Market Street, Suite 900, Philadelphia, PA 19103, 215-557-4400.

***Leadership in Early Care and Education: Fresh Thinking and Fresh Action,*** from the National Association for the Education of Young Children (NAEYC), examines current understandings about leadership and explores possibilities for its future development. $8. To order, contact NAEYC, 1509 16th Street, NW, Washington, DC 20036-1426, 1-800-424-2460, ext. 604. Please specify Order #209.

***Otitis Media in Young Children: Medical, Developmental, and Educational Considerations*** is an up-to-date, comprehensive review of the research and literature on middle ear infections. The book outlines the effects of otitis media (earaches) on children's hearing, language development, and learning, and contains practical ways to identify, treat, and manage middle ear problems. $48.95. Contact Paul H. Brookes Publishing Co., PO Box 10624, Baltimore, MD 21285-0624, 1-800-638-3775.

***Serving Families,*** from the Parent Services Project, is a guide book for individuals charged with building good parent support programs in their communities. $10. Write the San Francisco Study Center, 1095 Market Street, Suite 602, San Francisco, CA 94103; call toll-free, 1-888-281-3757; or order from the Web, http://www.studycenter.org.

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Children's Defense Fund

# CDF Reports

Marian Wright Edelman, President

September 1997
Volume 18, Number 10


# Victory for children's health!

## *Important gains for children in the 1997 Balanced Budget Act*

With the largest investment in children's health since Medicaid was created in 1965, the final budget passed by Congress and signed into law by President Clinton in early August could mean health coverage for more than half of America's 10 million uninsured children.

The Balanced Budget Act of 1997 allocates $48 billion to states over 10 years for new children's health insurance investments (see Table 1, page 2, for state-by-state breakdown). This remarkable achievement occurred after tens of thousands of advocates and concerned citizens contacted their elected officials. A broad-based coalition led by the Children's Defense Fund and the American Cancer Society mobilized Americans to build on President Clinton's support and the bipartisan leadership of many key legislators, including Senators Orrin Hatch (R-Utah), Edward Kennedy (D-Mass.), John Chafee (R-R.I.), John D. "Jay" Rockefeller (D-W.Va.), and Gordon Smith (R-Ore.) and Representatives Nancy Johnson (R-Conn.) and Robert Matsui (D-Calif.). The ensuing momentum eroded resistance by some key House and Senate leaders and tobacco special interests.

"This is a great victory for children's health," said CDF President Marian Wright Edelman. "The child health insurance initiative gives the states the opportunity to provide coverage to millions of uninsured children in low- and moderate-income working families. We look forward to working with governors, state legislatures, and state health officials to ensure that children get all the health care they need to learn in school and maximize their God-given potential in life. CDF is committed to making sure this program works well for children."

The children's health initiative is funded, in part, by a 10-cent per pack increase in the federal tax on cigarettes effective in the year 2000 and a further 5-cent increase effective in the year 2002. This has the added advantage of discouraging children from starting to smoke and will ultimately save lives.

### Key decisions to be made at state level

Beginning on October 1, 1997, the new child health

*(See page 2)*

### *In This Issue...*


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**Table 1** **Children in the states**

## State allocations for children's health insurance under the 1997 Balanced Budget Act

| State | FY 1998 allotments |
|---|---|
| Alabama | $85,997,312 |
| Alaska | 5,638,146 |
| Arizona | 113,138,521 |
| Arkansas | 46,878,527 |
| California | 854,864,484 |
| Colorado | 41,801,288 |
| Connecticut | 54,968,061 |
| Delaware | 8,055,533 |
| District of Columbia | 12,079,106 |
| Florida | 270,284,180 |
| Georgia | 124,692,179 |
| Hawaii | 8,947,603 |
| Idaho | 15,883,789 |
| Illinois | 122,560,067 |
| Indiana | 70,530,557 |
| Iowa | 32,468,807 |
| Kansas | 30,664,400 |
| Kentucky | 49,945,361 |
| Louisiana | 101,762,991 |
| Maine | 12,490,186 |
| Maryland | 61,643,199 |
| Massachusetts | 42,847,242 |
| Michigan | 91,609,050 |
| Minnesota | 28,403,279 |
| Mississippi | 56,031,502 |
| Missouri | 51,686,405 |
| Montana | 9,786,177 |
| Nebraska | 14,866,746 |
| Nevada | 30,414,882 |
| New Hampshire | 11,461,349 |
| New Jersey | 88,440,626 |
| New Mexico | 57,605,226 |
| New York | 255,692,115 |
| North Carolina | 79,528,899 |
| North Dakota | 5,042,037 |
| Ohio | 115,764,112 |
| Oklahoma | 81,182,913 |
| Oregon | 59,151,718 |
| Pennsylvania | 117,486,712 |
| Rhode Island | 10,687,168 |
| South Carolina | 65,574,155 |
| South Dakota | 7,538,511 |
| Tennessee | 66,170,086 |
| Texas | 561,475,805 |
| Utah | 24,247,390 |
| Vermont | 5,536,354 |
| Virginia | 68,532,474 |
| Washington | 46,675,207 |
| West Virginia | 25,612,812 |
| Wisconsin | 38,475,831 |
| Wyoming | 7,715,620 |
| **U.S. Total** | **4,204,312,500** |

Note: An additional $10,687,508, or .25 percent of the FY 1998 appropriation, is allotted to U.S. commonwealths and territories (Puerto Rico, Guam, Virgin Islands, American Samoa, and the N. Mariana Islands).

Source: U.S. Department of Health and Human Services (HHS), Health Care Financing Administration (HCFA). Vol. 62, Federal Register, 48,098 (September 12, 1997).

### Victory for children's health

*(Continued from page 1)*

program provides for targeted Medicaid expansions and an average of $4 billion annually in grants to states to cover uninsured children. Each state will choose to cover children either through Medicaid expansion or a separate state program. The grants cover uninsured children with family incomes too high for current state Medicaid programs but too low to afford private family coverage.

States that choose to participate in the new grant program must also agree to allocate some state dollars to receive matching federal funds, but in modest amounts designed to encourage every state to participate. A state may spend each year's federal allotment either in that year or in the following two years, according to CDF Health Director Stan Dorn.

"States can use their new money to expand Medicaid, create a new state program for children's health insurance, or a mixture," says Dorn. "There are many decisions facing state policy makers over the next few months, and advocates must act assertively to ensure that as many children as possible receive affordable health insurance covering the full range of services that children need." (See page 10 for ways to ensure that uninsured children get health insurance.)

The federal grants primarily will help children whose families earn too much to qualify for Medicaid but are at or below 200 percent of the poverty line ($32,100 a year for a family of four in 1996). However, the new law allows states that have provided Medicaid to children with family incomes above 150 percent of the poverty line as of June 1997 to serve some children with levels of family income above 200 percent of poverty.

The new law protects low-income families from high premiums and co-payments that would make health coverage unaffordable and assures that children receive preventive care. Children who live in families with incomes at or below 150 percent of poverty can be charged no more than the same small amounts for premiums, deductibles, co-payments, and co-insurance that are permitted for adults under Medicaid. Children with family incomes over 150 percent of poverty can be charged on a sliding scale, but total payments may not exceed 5 percent of the family's income. Deductibles, co-payments, and co-insurance on children's immunizations and well-child and well-baby visits are waived.

States running a child health insurance program may choose to provide (at a minimum) the benefits covered under certain specified, commercial insurance plans (for example, Blue Cross/Blue Shield for federal employees, a state employee health plan, or the health maintenance organization with the largest membership in the state). Alternatively, states can provide a different combination of services, as long as their total value is the same as one of these benchmark plans and meets certain other specifications. If a state chooses the Medicaid option, it must also provide the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefits package including the full range of services that children need. All states must cover immunizations and well-baby and well-child care, physicians services, and certain other services. States may not use their new federal funds to substitute for existing Medicaid coverage.

**"States can use their new money to expand Medicaid, create a new state program for children's health insurance, or a mixture. There are many decisions facing state policy makers over the next few months, and advocates must act assertively to ensure that as many children as possible receive affordable health insurance covering the full range of services that children need."**

*(See page 12)*



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*CDF Reports* (ISSN: 0276-6531) is published monthly by the Children's Defense Fund, 25 E Street NW, Washington, DC 20001, 202-628-8787. Year subscription rate: $29.95. For change of address, please include your old mailing label with your new address. Write to the managing editor for permission to reprint any part of this publication. The Charles H. Revson Foundation provides support for all CDF publications.

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*Page 1 photo © Lloyd Wolf*

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# A Voice for Children

*by CDF President Marian Wright Edelman*

## A Healthy Start for millions more children

What a difference seven months can make in the lives of children!

Thanks to your efforts, millions of uninsured children in working families are going to receive long overdue health coverage now that President Clinton has signed into law a budget agreement that provides $48 billion to states over 10 years for children's health insurance (see story, page 1). This historic, bipartisan investment in children's health, which is funded in part by an increase in the federal tax on cigarettes, means that *more than half* of the nation's 10 million uninsured children could soon receive desperately needed health care coverage.

**Advocates must hold the states accountable to ensure that the federal money provides the best possible coverage to the largest possible number of children.**

Such a remarkable achievement did not seem possible in January when the Administration's budget included just $3.75 billion over five years for uninsured children. When Senators Orrin Hatch (R-Utah) and Edward Kennedy (D-Mass.) proposed the landmark CHILD (Children's Health Insurance and Lower Deficit) Act, most of the pundits and policy makers on Capitol Hill predicted children's health insurance would never be funded by an increase in the tobacco tax. But because of your efforts, we kept the pressure on and by July, the House and Senate both had allocated billions over five years for children's health insurance. The more generous Senate version ($25 billion versus $16 billion) with a tobacco tax, prevailed.

On behalf of the Campaign for CHILD Health Now—a coalition of 250 local, state, and national organizations co-convened by CDF and the American Cancer Society—I want to say thank you to the thousands of advocates who fought tirelessly for children's health insurance. This was truly a broad-based grassroots effort that overcame seemingly impossible odds. Our victory is testimony to your hard work—and to the irresistible common sense and moral power of investing in children.

We are also extremely grateful for the dedication and leadership of Senators Hatch, Kennedy, John D. "Jay" Rockefeller (D-W.Va.), John Chafee (R-R.I.), and Gordon Smith (R-Ore.), and Reps. Nancy Johnson (R-Conn.), Bob Matsui (D-Calif.), as well as many other members of Congress from both parties, and President Clinton.

While $48 billion is the largest new investment in children's health since Medicaid was enacted in 1965, we must remain vigilant. Important decisions have been left to the states about how to design their child health insurance programs. Advocates and parents must work with governors, state legislators and officials, health care providers, and insurance companies to develop programs that quickly provide affordable insurance with benefits that meet *all* our children's health needs.

With the help of the media, advocates must hold the states accountable to ensure that the new federal money provides the best possible coverage to the largest possible number of children, encouraging its use for Medicaid expansion or other child-friendly state policies. And we must help educate low-income parents about the new insurance options, help them enroll their eligible children in Medicaid or the new programs, and involve them in the quest to give all children access to comprehensive, affordable, quality health care.

We must *all* make the most of this tremendous opportunity to give children the Healthy Start they deserve.



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# Study should jump-start positive action for young people

A recent survey has found more than half of Americans think helping young people get a good start in life ought to be society's "most important goal." The survey should serve as an impetus for the nation to make greater efforts to meet children's needs, especially when they're not in school, says CDF Assistant General Counsel Kim Wade.

**"The best thing we can do for children is give them constructive activities to engage in when they are out of school."**

Underlying the study, *Kids These Days: What Americans Really Think About the Next Generation*, were unsettling and often negative perspectives by adults on young people, their attitudes, and the conditions they face. But child advocates, including Public Agenda, the nonprofit research and education group that sponsored the report, say it actually could hold the key to rebuilding America's investment in its children.

*Kids These Days* recommends increased opportunities for children after school, on weekends, and in the summer.

## Public doesn't want to write off young people

Despite the negative feelings expressed, Americans displayed an extraordinary refusal to write off today's young people.

The study found an overwhelming number of adults believe that young people, on average, have poor attitudes, are lazy, lack values, and mature too quickly. But nearly 75 percent say that "given enough love and kindness, just about any kid can be reached."

On the down side, 67 percent said teens were "rude," "irresponsible," and "wild"; 41 percent said it's very common to find teens who lack self-discipline; and 43 percent of parents said teens have poor work habits. Only 12 percent of parents described teens as "friendly" and "helpful," and only 9 percent said teens treat people with respect. It was these findings that were highlighted in many of the media stories on the report.

Public Agenda has pointed out, however, that grousing about the next generation is a time-honored activity among adults and that surveys have been capturing this public concern for decades.

Moreover, the study found a consensus among adults that these problems can be solved. The number one solution embraced by adults is positive activities to keep children engaged and linked to caring adults after school, on weekends, and in the summer. The study described a Denver man's comment as typical: "All kids can be helped if you get to them early enough, if you spend time with them."

Even when asked about "the tough customers"—teens who regularly get into trouble—85 percent believe those youths can get back on track with enough attention and proper guidance. "It is not too late to redirect a young adult, to teach him an alternative," wrote one California man.

## Parents want better schools and "flextime"

Better schools would also have a positive impact on young people, most agreed. In fact, 67 percent said that improving public schools would be a very effective way to help young people. Slightly more than half of those surveyed believe that greater reliance on volunteer organizations like Boy Scouts and Girl Scouts and more flexible work schedules for parents would be effective.

"The best thing we can do for children is give them constructive activities to engage in when they are out of school," says Wade, "especially considering they're out of school four out of five of their waking hours. The good news is that more and more Americans are agreeing that children and young people need positive things to do at 3 o'clock when the school bell rings, and during weekends and vacations, and that they are willing to do what it takes, including mentoring and supporting investments in out-of-school opportunities, to help them succeed."

The study is the most wide-ranging and in-depth examination of Americans' views on this issue in recent years, according to Public Agenda. For the study, 2,000 adults, 18 and older, and 600 young people, 17 and under, were surveyed between Dec. 3 and Dec. 18, 1996.

## What the young people said about themselves

The vision of sullen, alienated young people seems to contradict what young people had to say about themselves in the survey. Most described themselves as happy and said they have warm relations with their parents and other adults.

But large numbers also said they have plenty of time on their hands and described environments filled with potential trouble spots. One-third said there is no adult at home when they return from school, and about one-quarter acknowledge that they have engaged in such risk-taking behavior as smoking cigarettes and drinking alcohol.

The public's concern that young people do not have enough meaningful activities in structured environments may be well-placed, according to what the young people surveyed said. Seven in 10 said they don't belong to any club or organization outside of school.

While teens have a reputation for wanting more freedom and less supervision, in this study, 49 percent said most people their age need more guidance and attention from adults. And young people expressed that they are ready, willing, and able to help others and help themselves.

*A copy of* Kids These Days: What America Really Thinks About the Next Generation *is available for $12.50 by contacting Public Agenda, 6 E. 39th Street, New York, NY 10016, 212-686-6610.*

# Young Families

## Parents under 30 and their children in an economic freefall

Most of today's young parents have not shared in the past two decades of economic growth. Instead, a new Children's Defense Fund report reveals that the typical (median) family headed by someone younger than 30 has lost one-third of its inflation-adjusted income since 1973—a dangerous trend that threatens to cause lasting damage to many of America's children.

*Rescuing the American Dream: Halting the Economic Freefall of Today's Young Families with Children* shows that the typical young family with children now has an income of less than $20,000 a year—down by almost $10,000 (in 1994 dollars) from what the corresponding family made in 1973.

At the same time, fewer children in working young families have employer-based health insurance (see story, page 8), and fewer young families own their own home.

The report chronicles the status of the 10.1 million American children (one out of six) whose parents are under 30. Nearly one-half of all American children are born into and spend some of their developmentally crucial early years in young families. Young parent does not mean teen parent—only 3 percent of young families with children were headed by someone younger than 20. Four out of five heads of young families work.

The report, which draws on Census Bureau data analyzed by CDF or by CDF with the Center for Labor Market Studies at Northeastern University, found that young families lost far more than those headed by older parents or childless families. Families headed by parents ages 30 to 64 saw their incomes fall by only 4 percent from 1973 to 1994, while the incomes of childless families stabilized or rose somewhat (see Figure 1, page 6).

The wave of economic loss has swept across race, region, and family type, driving incomes down and poverty rates up for virtually every category of young families with children.

Between 1973 and 1994, median incomes fell dramatically for young families headed by Whites (down 22 percent) and dropped even more for Hispanics (28 percent) and Blacks (46 percent). At the same time, incomes fell for young families headed by married couples (12 percent), as well as single mothers (22 percent) and single fathers (24 percent).

"The crisis affecting young families harms children," says CDF President Marian Wright Edelman. "We have to stop behaving as if the mere fact of economic growth can rescue the millions of young working families whose children are not getting the quality child care, nutrition, education, housing, and health care that they need to grow into healthy and productive adults. That has not been true now for more than two decades."

(See page 6)

Photo © Tara C. Patty

## Parents under 30 and their children in an economic freefall

*(Continued from page 5)*

### Poverty rate soars

To place the economic plight of young families in context, the 33 percent median income loss suffered between 1973 and 1994 exceeds the 28 percent drop in real per capita personal income that occurred for all Americans during the Great Depression from 1929 to 1933.

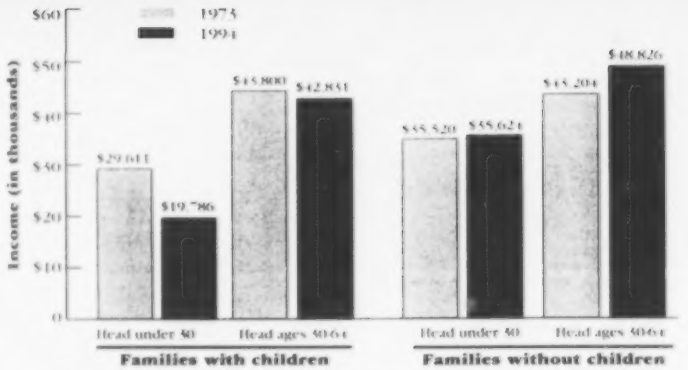
As a result of the income losses, the poverty rate for children in young families has more than doubled since 1973 (see Figure 2). While one out of every five American children is poor, two out of every five children in young families are now poor. Add those children who are near-poor (above 100 percent but below 125 percent of the official poverty line), and a total of one-half of all children in young families are near or below the poverty line. (A family is said to be living in poverty when its income is below the U.S. Census Bureau poverty thresholds, which vary by family size and make-up and are adjusted annually for inflation. In 1994, the poverty thresholds were $11,821 for a three-person family, and $15,141 for a family of four.) Child poverty rates among young families vary from 30 percent in Mountain states to 49 percent in the East South Central region. In every region of the nation, however, child poverty rates for young families increased by at least three-fifths from 1973 to 1994. Only young families headed by a college graduate escaped unscathed (their incomes have risen 14 percent since 1973). However, the soaring costs of college are creating new barriers to obtaining a bachelor's degree.

### Housing unaffordable

Housing is increasingly unaffordable for young parents. No age group is more precariously housed—leaving more and more grandparents with the burden of housing and supporting their adult children in their 20s.

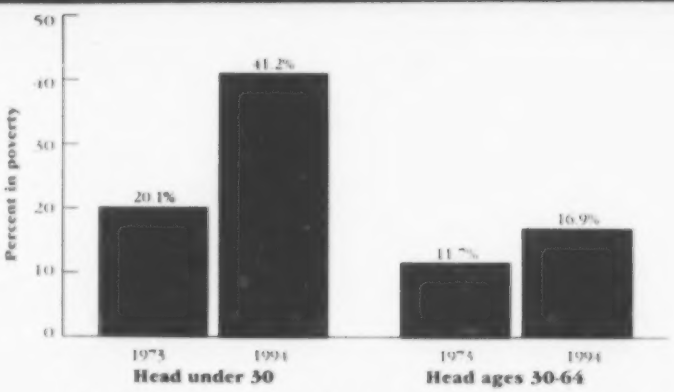
Among households headed by someone younger than 30, the proportion who own their homes dwindled from nearly one in two (47 percent) in March 1980 to one in three by March 1994. Whether in housing they own or rent, the share of households with children headed by someone ages 25 to 29 paying more than one-half of their monthly income for housing tripled from 1974 to 1993. As a result, one in six of these families now pays this exorbitant proportion of their income for housing. And between March 1993 and March 1994 alone, 145,000 young families moved back home with the grandparents. The majority (59 percent) would have been considered below the federal poverty line on the basis of their own incomes alone.

**Figure 1 Median family income, by age of family head and presence of children, 1973 and 1994**




Source: Tabulations of Census Bureau data by the Center for Labor Market Studies, Northeastern University, and the Children's Defense Fund. Adjusted for inflation using CPI-U-XI inflation measure.

**Figure 2 Poverty rates of children, by age of family head, 1973 and 1994**




Source: Tabulations of Census Bureau data by the Center for Labor Market Studies, Northeastern University, and the Children's Defense Fund.

### What's happening?

Young families are getting poorer, says CDF Senior Program Associate Arloc Sherman, largely because of a lower demand in the private economy for younger, less educated, and less skilled workers. Younger hourly workers in their 20s have seen the average purchasing power of their wages drop nearly 22 percent from 1973 to 1996. In relative terms, young hourly workers earned 74 cents per dollar earned by older workers in 1996, down from 88 cents per dollar in 1973. And while wages have fallen, stable employment has become harder to find and more employers

*(See page 7)*

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### Parents under 30 and their children in an economic freefall

*(Continued from page 6)*

are hiring workers part-time rather than full-time.

Young families are struggling to avoid further losses by increasing the amount of time mothers spend in the paid labor force and by postponing childbearing until after age 30. However, those efforts have not stopped the economic freefall. Instead, the economic benefits of married women working longer and harder have been overshadowed by wage declines for both young women and men—a problem made worse by the high cost of child care.

Another reason young families are poorer is that a larger percentage of children live in families headed by a single parent. According to the report, the number of young families headed by a single parent nearly doubled between March 1974 and March 1995.

The increase, however, is not only a cause but also an effect of economic difficulties faced by young families, says Sherman, the principal author of the report. "Many two-parent families who separate were poor before the breakup occurred," says Sherman, "and the rate of family breakup often doubles in times of financial stress, such as an economic recession."

Many young families headed by single parents would still be poor even if both parents had stayed together. CDF estimates that five out of six children in young families would still be poor even if young parents returned to the higher marriage rates of 1973.

### Tackling the problem

The economic dilemmas young families are experiencing today are likely to have long-lasting impacts on children, says Sherman, noting that two-thirds of the nation's poor infants and toddlers—our most vulnerable children—live in young families.

Research points to the first few years of life as being the time when children may be most susceptible to poverty's lifelong effects. Even a few years spent in poverty early in a child's life appear to reduce later test scores significantly and harm chances for completing school, according to the latest scientific research.

These effects in turn can impair young people's earning capacity, productivity, and employability for a lifetime. And when children grow up to become less educated, less effective workers as a result of the poverty they experienced, the nation's economy also suffers because of lower quality of work, reduced productivity, fewer goods and services produced, and lost wages and sales.

To strengthen the economic future of young families and the nation, every sector—business, community and religious institutions, individuals, foundations, universities, and government—must strive to develop policies that more effectively support young families with children, says Sherman.

The CDF study suggests ways that all sectors can work together to improve the plight of young families. Among them:

- **Young adults** should work to get the education they need and should marry and stay together to improve their children's chances in life. When separations occur, both parents should contribute to their children's financial support.
- **Businesses** should adopt wage, training, health insurance, and family leave policies that support young families, including paid parental leave and new apprenticeship programs for young workers.
- **Counties and states** should vigorously collect child support and construct child support assurance systems, make health care with comprehensive benefits affordable, and help create jobs for young workers without college degrees.
- **The federal government** should help make quality child care affordable for young families, provide more generous refundable child tax credits to help with child-rearing costs, and strengthen housing assistance to ensure that all children have safe and affordable homes.

"It is absolutely crucial that parents are given the tools they need, such as a decent education, child care, health care, and access to jobs at family-supporting wages," says Sherman. "Then young parents' own work efforts almost always will be able to eliminate the threat of poverty for their children."

*To purchase a copy* of Rescuing the American Dream: Halting the Economic Freefall of Today's Young Families with Children, *$9.95 plus $2 shipping and handling, call CDF Publications at 202-662-3652.*

## A young family's struggle

Judy and Edward Coates of Quantico, Va., are doing everything they can to make ends meet but keep falling further behind.

Edward, 21, works as a cable television technician making about $20,000 a year. That's not nearly enough to cover their rent, health insurance, car payments, auto insurance, and food. The Coateses are currently $1,000 behind in rent.

Judy, 20, would like to work, but because of the high cost of child care, she stays home to care for their 1-year-old son, Samuel. "It would cost me more to work, by the time I'm done paying for child care and transportation," she says.

Judy and Edward receive occasional help from family members—a box of diapers here, clothing there—although their relatives are not well off. Says Judy, "I'm going into debt, but I can't rely on my family to keep supporting me."

Judy and Edward are expecting their second child in January. She acknowledges that they were too young to start a family—Samuel was an unplanned surprise after their wedding—but that realization does nothing to keep her from worrying about her children's future. "I know what it's like for a child to grow up in poverty," she says, "because I grew up in poverty. It was hard."

Special Report

# Young families hit hard by loss of employer-based health insurance

Most children in young families no longer receive health coverage through their parents' employers, according to *Rescuing the American Dream: Halting the Economic Freefall of Today's Young Families with Children*. From 1989 to 1994, the proportion of children in young families covered by employer-based health insurance at any time during the year plunged from 59 percent to 45 percent—a drop of more than one-quarter over five years (see Figure 1, below). This stunning decline in insurance through employer-provided health plans further complicates the plight of young families, many of whom are already suffering harsh economic losses (see story, page 5).

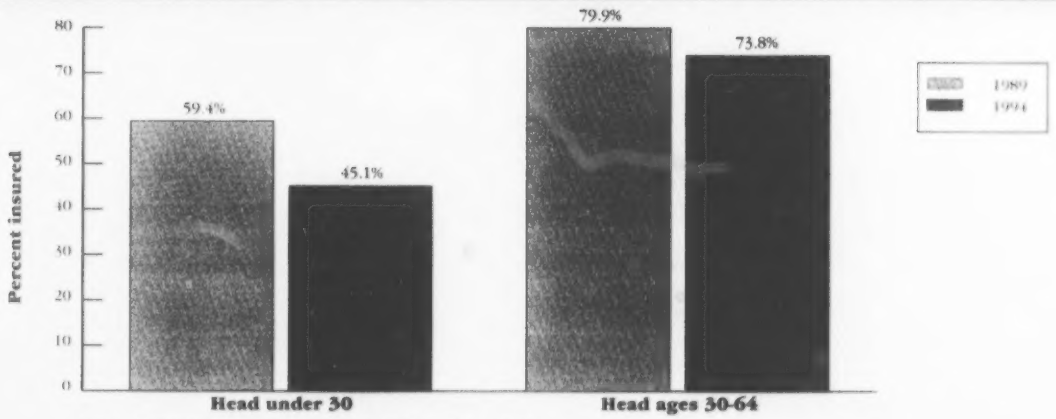
Some employers have dropped health coverage entirely for children and other dependents. Other employers have begun charging extra for dependent coverage that used to be free or have raised monthly premiums dramatically for family members. Among workers who pay for dependent coverage, the average amount paid more than doubled from 1983 to 1993, even after adjusting for inflation. As a result, many working parents can no longer afford to keep children on company health plans.

Employer-based health coverage has been eroding for children in older families as well, but the change has not been as rapid as for young families. Economic trends may help explain the difference. For instance, young families may be employed disproportionately in those occupations and industries where employers have cut benefits the fastest. Another factor, the report says, is the low and falling incomes of young workers, which makes them less able than older workers to afford rising premiums.

Medicaid has become the principal source of health coverage for children with young parents, insuring nearly one out of every two children in young families for at least part of the year. But the children gaining Medicaid coverage often are not the same ones who are losing employer-based insurance, according to the report.

With the decline in private employer-based insurance likely to continue, families, businesses, and governments alike must strive to make sure all children get a healthy start in life, says CDF Health Division Director Stan Dorn. Businesses should offer affordable health insurance coverage to employees and family members, rather than continuing to reduce costs by cutting insurance for the most vulnerable Americans. Parents should purchase health insurance for their children when they can afford it. And state governments should act decisively to give children the health coverage they deserve under the historic new children's health initiative (see story, page 1), which gives $48 billion to states over 10 years for expanded health coverage of uninsured children.

**Figure 1** **Distribution of children, by private health insurance status and age of family head, 1989 and 1994**




Source: Tabulations of Census Bureau data by the Children's Defense Fund

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# Children with disabilities dropped from SSI rolls

Thousands of children with disabilities have been dropped from Supplemental Security Income (SSI) rolls because of changes in the welfare law, according to the Social Security Administration (SSA).

As of August 2, there were 95,180 disabled children who lost SSI benefits out of 170,303 cases reviewed—a rate of 56 percent. More than 82 percent of the children denied assistance have mental disorders, including retardation, emotional disabilities, and learning disabilities. Significant numbers of children with respiratory problems also were terminated from assistance. (As this issue went to press, the latest reports were that by the end of August, 121,578 children had been bumped from SSI out of 206,908 cases reviewed—a 58% termination rate).

**"Children have lost assistance without full examination of the medical evidence. The SSA needs to get appropriate standards and make sure states apply them fairly."**

Children's SSI cases are being reviewed because of eligibility restrictions under the welfare law passed last year. Advocates for children with disabilities have criticized the Clinton Administration for making SSI eligibility requirements even more restrictive than the welfare law required, says CDF Family Income Director Deborah Weinstein. They are also critical of great differences in the application of SSA's rules among states and of the unusually low rates of appeals by families whose children have been denied SSI.

Some states have denied benefits more often than others (see Table 1 at right). Determinations are made by state agencies under contract to SSA. Mississippi topped the list with more than 82 percent of children reviewed losing SSI.

According to Weinstein, SSA Acting Commissioner John J. Callahan has told all governors that upon request, his agency will supply states with the names of all children whose cases have been closed or are pending review. (At press time, confirmation hearings were underway for Kenneth Apfel, President Clinton's nominee to head the SSA. Apfel pledged at his Senate hearing in September that if he is confirmed he will assess within 30 days whether the new eligibility rules in the welfare law are being applied fairly).

"States can use these lists to encourage and help families to appeal denials that were unfair," says Weinstein, "and to make sure that all children losing SSI continue to receive Medicaid and any other benefits for which they are eligible."

Only two out of five families with children who have lost SSI have appealed, even though it is likely that many would qualify, says Weinstein. Advocates, she advises, should contact their governors and encourage them to obtain and make use of the SSA's lists of children denied SSI benefits. Advocates should also ask in a letter to SSA that it revise its rules for implementing the SSI childhood disability provisions in the welfare law. (Write to: John J. Callahan, Acting Commissioner, Social Security Administration, 500 E Street, SW, Washington, DC 20254).

"Children have lost assistance without full examination of the medical evidence," says Weinstein. "The SSA needs to get appropriate standards and make sure states apply them fairly."

**Table 1 Children in the states**

**Percent of children reviewed who were dropped from SSI rolls as of August 2, 1997**

| State | Percent |
|---|---|
| Alabama | 69.2 |
| Alaska | 54.5 |
| Arizona | 37.4 |
| Arkansas | 74.4 |
| California | 36.1 |
| Colorado | 49.0 |
| Connecticut | 51.3 |
| Delaware | 46.4 |
| District of Columbia | 17.6 |
| Florida | 51.3 |
| Georgia | 65.5 |
| Hawaii | 29.3 |
| Idaho | 56.0 |
| Illinois | 71.0 |
| Indiana | 60.8 |
| Iowa | 75.9 |
| Kansas | 75.7 |
| Kentucky | 39.6 |
| Louisiana | 76.1 |
| Maine | 55.1 |
| Maryland | 47.8 |
| Massachusetts | 47.6 |
| Michigan | 53.6 |
| Minnesota | 34.3 |
| Mississippi | 82.1 |
| Missouri | 70.1 |
| Montana | 78.6 |
| Nebraska | 65.6 |
| Nevada | 32.8 |
| New Hampshire | 56.4 |
| New Jersey | 37.4 |
| New Mexico | 64.1 |
| New York | 58.4 |
| North Carolina | 41.2 |
| North Dakota | 61.5 |
| Ohio | 60.0 |
| Oklahoma | 72.9 |
| Oregon | 35.2 |
| Pennsylvania | 35.7 |
| Rhode Island | 68.7 |
| South Carolina | 66.8 |
| South Dakota | 40.6 |
| Tennessee | 69.6 |
| Texas | 77.7 |
| Utah | 57.1 |
| Vermont | 52.8 |
| Virginia | 48.0 |
| Washington | 45.3 |
| West Virginia | 64.1 |
| Wisconsin | 58.3 |
| Wyoming | 48.9 |
| **U.S. Average** | **55.9** |

Source: Social Security Administration



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# The next step: Helping ensure children get good health coverage

State policy makers will make important decisions over the next few months about how to provide health coverage for uninsured children with new federal money. Advocates should start educating the public and working with state officials about how best to implement the law as soon as possible. We recently asked CDF Health Director Stan Dorn about the critical next steps for state policy makers:

**CDF Reports:** *How can a state take advantage of available federal funds as early as possible—on October 1, 1997—while taking additional time, if necessary, to plan its long-term approach to children's health coverage?*

**Dorn:** Uninsured children need health coverage without delay. On the other hand, taking the time needed for solid planning can make the difference between long-term success and failure. States should consider expanding right away their existing child health insurance programs for low-income children for which key systems are already in place—usually Medicaid—as an interim measure to give uninsured children health coverage. Meanwhile, policy makers, advocates, providers, parents, business, civic, and religious leaders, and others should take the time to collaboratively plan a long-term approach.

**CDF Reports:** *Should states consider long-term Medicaid expansion?*

**Dorn:** Yes. Medicaid represents a time-tested approach to addressing children's unique health care needs.

Some states may be tempted to craft a new child health program instead of Medicaid for this new group of children because then they can cover fewer health care benefits for them (they can't reduce benefits for children now on Medicaid). But that truly is a "penny wise and pound foolish" way to control costs. Children should be covered for the full range of care they need—and in the long run that is cost-effective as well as sensible. Instead of cutting benefits, states should leverage lower prices (and better care) from health insurers by combining child health dollars with existing Medicaid dollars. In today's health care marketplace, the largest volume purchasers get the best deals.

*CDF Health Director Stan Dorn says that advocates will be instrumental in helping children get health insurance.*

Administrative simplicity is also important. It is much easier for a state to expand and modify an existing program.

And finally, states should strive to promote continuity of care and reward work. Many low-income families have fluctuating incomes. It would make little sense to shift a child from Medicaid to a different program whenever family income rises. Offering a single program makes it easier for a child to continue with the same doctor. This would also reward work by ensuring that children do not lose benefits when family income changes.

**CDF Reports:** *If a state uses the funds for a new child health program rather than Medicaid expansion, how should that program be structured?*

**Dorn:** There are several critical tests. One is affordability. If low-wage, working parents must pay more than a nominal amount for their children's care, few will take advantage of the new program. According to the Census Bureau, median family income for uninsured children is $20,000 a year. For these families, even a small payment would affect the family budget for other essentials, such as food or utility bills. No more than nominal premiums or co-payments should be required of any family earning below 200 percent of poverty [$26,600 a year for a family of three].

States also should make a comprehensive benefits package a priority. Uninsured children need benefits tailored to children, not adults. Children are not "little adults" – they have very different needs for care. For example, U.S. Department of Health and Human Services survey data show that, compared to working-age adults, preschool children are more than 20 times as likely to have acute ear infections and three times as likely to have acute eye problems. Unfortunately, much employment-related health insurance, tailored to working adults, excludes treatment of vision and hearing problems. But these services and many others are essential in any program for children. Speech and physical therapy for developmentally delayed children who need these services to learn how to walk or talk; mental health services; braces or other prosthetics for children who need them to maneuver; eyeglasses and hearing aids for children who need them to see the blackboard or hear their teachers; and fillings for dental cavities are among the needed services denied to children by many private health plans structured for working-age adults.

Eligibility is also important. Assistance should be based on need. Together with uninsured children with special needs, the lowest income uninsured children should receive priority for coverage, since their parents can least afford to buy insurance or pay for necessary care out of pocket. And parents who earn too much for assistance

*(See page 11)*

### The next step: Helping children get good health coverage

*(Continued from page 10)*

should be able to buy into the new program for the same, discounted premium costs paid by the state.

To assure that children are enrolled in new programs, states must also devise a family-friendly application process. Families should be able to apply by phone or by mail. Applications should be simple and processed with a minimum of red tape.

***CDF Reports:*** *How should a state use the portion of its new federal grant (up to 10 percent) that can be used for purposes other than health insurance?*

***Dorn:*** These funds can be spent on outreach, contracts with health providers to furnish directly particular types of services, or other initiatives to improve children's access to care. Among the approaches to consider are outreach to eligible but unenrolled families; improved health care services in urban and rural areas with few health care providers; direct services for children with disabilities or other special health care needs; and direct services for children who live in families with incomes too high to be eligible but who remain uninsured. Certainly, the minimum possible amount should be spent on administrative costs.

***CDF Reports:*** *How far will a state's federal allocation go? How far can a state extend eligibility without running the risk that it will exhaust federal funding before the end of the year?*

***Dorn:*** Most, if not all, states should be able to cover all uninsured children with family incomes up to 200 percent of the federal poverty line [$26,600 for a family of three] with comprehensive benefits and minimal family cost-sharing without any serious risk of exhausting their federal grants.

***CDF Reports:*** *How can a state come up with the matching funds needed to "draw down" available federal dollars?*

***Dorn:*** A number of different sources are available to pay these costs: budget surpluses in many states; unspent appropriations for Medicaid in states with caseloads below projected levels because of economic growth or other reasons; expenditures states had been planning to make, even without the new child health law, for children and health care covered under a new or expanded child health program; and increased tobacco taxes in states choosing to raise such taxes to fund children's health coverage and to prevent young people from starting to smoke.

*For more information on how you can help implement the new law, see CDF's Web site, http://www.childrensdefense.org. For information on how your state can apply for child health funds through the Health Care Financing Administration, see http://www.hcfa.gov/init/schiplt3.htm.*

## Eight tips for advocates working with states to implement the new child health program

To ensure that children receive the greatest possible benefit from your state's implementation of the new child health law, you should:

1. Start engaging in discussions with state legislators and administrators about implementation of the new law. Think strategically about the most important contacts you need to make.

2. Pull together the broadest possible coalition of parents, health care providers, children's advocates, educators, health advocates, business, religious and community leaders, multi-issue policy advocates, and others.

3. Educate the public about the number of uninsured children in your state and put a human face on the issue. Find stories of uninsured children who could benefit from the new law and share their stories with the local media.

4. Invite state policy makers to meet with uninsured children and their parents, as well as doctors and nurses who see uninsured children regularly. Conduct a Child Watch tour (see December 1996 *CDF Reports*) of a hospital neonatal intensive care unit or other health care site serving children.

5. Invite state legislators and officials to explain their plans for providing high-quality, affordable health coverage to uninsured children in working families and maximizing the benefits to children from the new initiative.

6. Educate state policy makers about the benefits of using new federal funds to expand Medicaid.

7. In states that create non-Medicaid programs, work with officials to ensure that the new program provides affordable coverage meeting children's most important health needs, with comprehensive benefits. Involve health care providers in pointing out the full range of services children need.

8. Monitor carefully the laws and policies established by the state. If there are shortcomings, identify the children who are being hurt, publicize their plight, and encourage policy makers to remedy their errors. If there are accomplishments, give credit where it is due.


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## Victory for children's health

*(Continued from page 2)*

### Need for continued vigilance

While these benefit plans are much more comprehensive than some in Congress supported, states "have an option to choose a set of services that will provide children with considerably less than

the health care that they need," says Dorn. "Advocates must underscore to state policy makers the importance of children receiving *all* essential care, including vision, hearing, and other services, as well as care for children with special needs. Standard private coverage benefits packages are typically geared to working adults and may not meet children's unique health care needs."

### Changes to Medicaid and SSI

The Balanced Budget Act also contains other important measures affecting children's health, including some modest gains, some setbacks for children, and some changes that could be helpful or harmful, depending on state implementation.

Several changes to Medicaid are very positive for children. States will have the option to provide 12 months of continued Medicaid coverage for children who were previously eligible during only part of the year. States also have a new option to let health providers give "presumptive eligibility" to children who appear to qualify for Medicaid. Such eligibility lasts until the state makes a final decision. And children with disabilities losing Supplemental Security Income (SSI) because of the 1996 federal welfare law will continue to receive Medicaid. Tens of thousands of children already have lost SSI (see story, page 9). The Administration estimates that the new law will help 20,000 to 30,000 children who could not retain Medicaid on other bases.

The 1997 budget law also sets aside $300 million from Fiscal Year (FY) 1998 through FY 2002 for services and research on preventing and treating juvenile diabetes.

For many of the more than 20 million children already covered by Medicaid, the most important changes may be those affecting Medicaid managed care, says Dorn. Previously, Medicaid beneficiaries were free to choose their own providers, unless their states had obtained waivers for this requirement from the U.S. Department of Health and Human Services. States with federal waivers often had to guarantee that in any managed care plan with which they contracted, at least 25 percent of the enrollees were privately insured. This stipulation was intended to protect quality of care for children and others.

However, the new law allows states to require most Medicaid beneficiaries to enroll in managed care. Waivers are still required before states mandate managed care enrollment for children with disabilities, children in foster care or other out-of-home placements, children receiving adoption assistance, people eligible for both Medicaid and Medicare, and some Native Americans. The new law incorporates a number of other managed care safeguards long sought by advocates, says Dorn, such as reimbursement for emergency room visits whenever a "prudent layperson" would have found emergency care necessary.

"Advocates will have to pay close attention to managed care efforts at the state level to ensure that children are helped, not harmed, under this dramatically changed approach," he says.

### Help for families moving from welfare to work

Several provisions in the budget agreement make needed improvements in the 1996 welfare law, increasing funding for states to help children and families, according to Deborah Weinstein, CDF Director of Family Income.

Specifically, it provides $3 billion in grants to states that can be used to help families move from welfare to work under Temporary Assistance for Needy Families (TANF). Administered by the U.S. Secretary of Labor, $1.5 billion will be distributed annually to states in FY 1998 and FY 1999, for use through FY 2001.

States will receive grants based on the number of people in the state living below the poverty line and the number receiving cash assistance through TANF, with a minimum allocation for small states. The grants can be spent on community service or work program creation; on on-the-job training, job placement, job readiness, or post-employment services; on services that help parents keep their jobs; and on support services such as child care.

Businesses that hire long-term welfare recipients can receive a credit of up to $3,500 for the first $10,000 of wages paid to a welfare recipient in the first year. They can receive a credit of up to $5,000 for wages paid in the second year of employment, for a maximum credit of $8,500 for each eligible employee.

**"Advocates must underscore to state policy makers the importance of children receiving *all* essential care, including vision, hearing, and other services, as well as care for children with special needs. Standard private coverage benefits packages are typically geared to working adults and may not meet children's unique health care needs."**

Efforts in Congress to deny minimum wage and other worker protections to TANF recipients were largely unsuccessful, and this will prove beneficial to children and families. However, several new provisions will make it more difficult for states to help children and families. For example, states must limit the number of parents par-

*(See page 13)*

## Victory for children's health

*(Continued from page 12)*

ticipating in vocational education, and states will receive fewer federal dollars if they fail to sanction people who do not meet the work requirements. Attempts to clarify whether victims of family violence can receive a separate exemption from TANF time limits failed. (However, an amendment proposed by Senators Patty Murray (D-Wash.) and Paul Wellstone (D-Minn.) that passed the Senate overwhelmingly (98-1) in early September would allow states to temporarily waive certain requirements of the welfare law for families who are victims of domestic violence). And there was no effort to restore food stamp reductions for low-income families with children or restore food stamps to legal immigrants.

## Modest help for legal immigrants

Several other provisions in the new law will protect legal immigrants who have disabilities. Legal immigrants who were in the country and receiving SSI and Medicaid when the welfare law was enacted (Aug. 22, 1996) will remain eligible. This reverses the 1996 provision making all legal immigrants ineligible for help and is retroactive.

Legal immigrants who were in the country as of Aug. 22, 1996, but who were *not* receiving aid can now apply and qualify for SSI and Medicaid if they become disabled and meet other program requirements, even if their disability occurred after the welfare law was enacted. This provision is expected to help 350,000 people. However, the budget provisions continue the existing prohibition against SSI benefits for legal immigrants with disabilities who entered the country *after* Aug. 22, 1996.

Legal immigrant children arriving after Aug. 22, 1996, will only be eligible for emergency health services (or for full Medicaid coverage if their state chooses to pay for this coverage with its own money).

Legal immigrants, whenever they enter the country, are still denied food stamps. The one improvement for immigrants affects refugees and asylees who can receive help for seven years (instead of five years as provided by the 1996 welfare law) before they are banned from aid.

## Tax cuts more helpful to wealthy

Over the long term, the tax bill that accompanied the Balanced Budget Act—the Taxpayer Relief Act of 1997—disproportionately benefits the rich and leaves a gaping hole in revenues. Over 20 years, the tax cuts are likely to cost a whopping $500 billion. According to the Center on Budget and Policy Priorities, provisions targeted to higher income taxpayers were "back-loaded." Consequently, they make up only 15 percent of the total gross cost of tax cuts in the first five years; yet, in 2007, they leap to 41 percent of gross tax cuts.

The child tax credit reduces families' tax liability by $400 for each child under age 17 in 1998 and $500 per child in subsequent years. This proved a significant victory for advocates and the Administration. In the final agreement, the means of calculating families' credit were changed to benefit some low-income working families with children, especially those families with three or more children. Overall, 27 million families with 45 million children are expected to gain from the child credit.

Several provisions relate to education. Parents may contribute up to $500 per child per year through the child's 18th year to an individual retirement account (IRA) for postsecondary education without paying tax on the interest. A separate provision allows families to receive a maximum of $1,500 in tax credits for the first two years of college or other postsecondary education. An additional tax credit provides 20 percent of tuition (limited to $5,000 through 2002) for college juniors, seniors, graduate students, and working people seeking to upgrade their skills. And another tax credit is provided to banks, insurance companies, and other companies in the business of lending money, if they hold bonds designed to fund improvements in public schools.

*For a more in-depth summary of how the Balanced Budget Act of 1997 affects children, call Una Flannery at CDF, 202-662-3576.*


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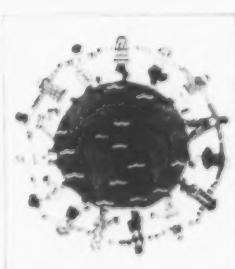




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# Standing For Children

## Stand For Children Day spurs year-round action for children

Since Stand For Children Day last June 1, when more than 700 communities demonstrated their commitment to children through rallies, letter-writing campaigns, health fairs, and immunization, food, and clothing drives, Children's Action Teams (CATs) across the nation have been continuing their hard work.

Some CATs have focused on advancing federal legislation that will help children, while others have launched local public awareness campaigns to improve children's lives.

Many CATs have given a boost to children's health. Delaware's CAT, for example, encouraged people to call and write their lawmakers to demand that they adopt CDF-supported children's health insurance legislation (see story, page 1). They also organized a July press conference in Wilmington, Del., to raise awareness about the importance of health coverage for children. As a result, Senator William Roth (R-Del.), a member of the House–Senate conference committee on the budget, worked in bipartisan fashion to finalize the groundbreaking children's health package.

In Centre County, Pa., a strict new anti-loitering ordinance has generated concern about the scarcity of activities and recreational facilities for school-aged children and youth. The CAT there is leading an effort to draw attention to the problem and develop solutions.

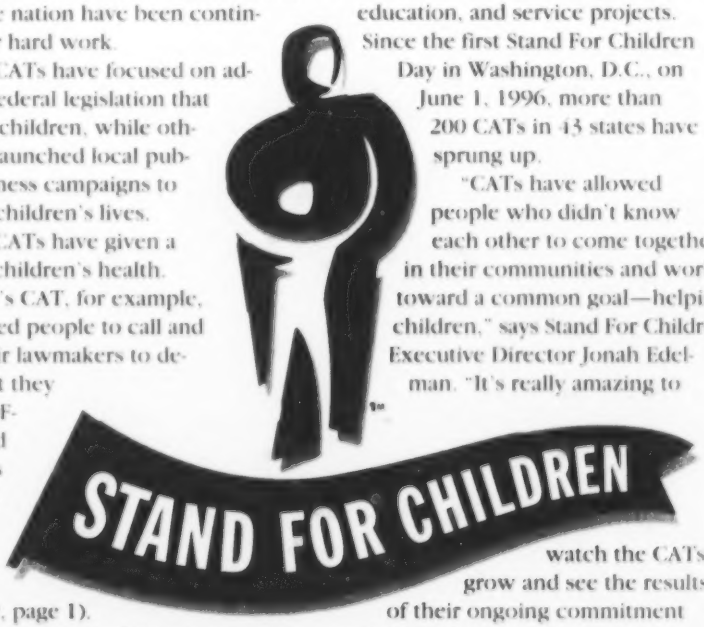
"We are now working together to raise funds for a skateboard park and teen civic center," says CAT member Anne Stokes. "We've also been trying to get after-school programs to help out parents so we can avoid the problem of latch-key children." Their fundraising goal is $300,000 this year.

### CATs roar into action

A CAT is a group of concerned community members who strive to improve the lives of children through advocacy, education, and service projects.

Since the first Stand For Children Day in Washington, D.C., on June 1, 1996, more than 200 CATs in 43 states have sprung up.

"CATs have allowed people who didn't know each other to come together in their communities and work toward a common goal—helping children," says Stand For Children Executive Director Jonah Edelman. "It's really amazing to watch the CATs grow and see the results of their ongoing commitment to children."




While some CATs, like Wilmington's, focus their attention on Congress, other communities are taking a more local approach. Stokes says Centre County residents are calling on area townships, businesses, Penn State University, families, and teens to contribute to the CAT's fundraising campaign so children and young people will have a place to play, hang out, skateboard, and stay safely off the streets.

### Showing children that people care

Since Stand For Children, the Grand Forks, N.D., CAT has devoted much of its time to helping children and families recover—both financially and emotionally—from the devastating floods that ravaged the city earlier this year. On July 31, the Grand Forks Parks and Recreation Department and CAT sponsored a celebration for children affected by the floods. More than 300 children selected toys, books, games and other gifts that CATs throughout the country had collected for them. North Dakota Stand For Children Coordinator Ann Lochner says the event focused on healing and let the youngsters know that the country cared about their plight.

"This gave children an opportunity to understand that others were thinking about them and praying for them," Lochner says. "The children felt personally touched."

Lochner says CAT members are launching a series of events this fall to help educate and involve community members in the effort to keep children safe and healthy. Each month's event will feature a different local priority, such as health, education, gun safety, or positive youth development.

"Our mantra is prevention," says Lochner. "We decided that if we really are going to make this a safe community 20 years from now, we've got to institutionalize prevention."

### New challenges

Efforts like these illustrate how effective CATs can be in bringing about change in children's lives year-round, says Edelman. And in the months ahead, many CATs will have an opportunity to shape key decisions to be made by governors and state legislatures about their states' new children's health insurance programs.

"CATs have a tremendous opportunity to make an impact on children's lives as they work to ensure that states provide children the best health coverage possible," says Edelman. "Thanks to the ongoing efforts of people who stand for children in their communities, millions more children now have the chance to grow up healthy."

*For more information, contact the Stand For Children National Office at 800-663-4032, or e-mail cats@stand.org.*

# Showering support on nonprofits

Cash-strapped nonprofit organizations often have a hard time paying for such necessities as towels and silverware for their centers and shelters that serve children and families. One way for nonprofits to get what they need and not break the bank is to throw a shower, says Debbie Wargo, executive director of Ronald McDonald House Charities in the Washington, D.C.-area.

"We wanted to equip our kitchen, bathrooms, and bedrooms," says Wargo, of the eight-bedroom Ronald McDonald House for sick children and their families that will open in January on the campus of Fairfax Hospital in northern Virginia.

"We went and registered at J.C. Penney," she explains. "Usually you register as a couple such as 'Deb and Bob.' This time it was 'Northern and Virginia'!"

To spread the word about the "bridal" shower and invite people to purchase a gift for the new Ronald McDonald House, Wargo placed newspaper ads, developed and distributed fliers, wrote an article for the organization's newsletter, and mentioned the shower at every speaking engagement. Since May, gifts such as towels, baby monitors, a can opener, and an iron have been arriving regularly.

"We now have about one-third of what we need," says Wargo. "People really like the idea because it's convenient for them. They know where their contribution goes. And it's a nice way to involve the community in your organization."

The first and hardest step to throwing a shower, says Wargo, is to find a receptive retail organization. "I thought the idea would be well-received because essentially we're bringing business into the store, but it was a struggle." Of the businesses Wargo approached, J.C. Penney proved the most "community-minded," she says, and quickly stepped up to the plate.

In addition to allowing Wargo to register the Ronald McDonald House, J.C. Penney is doing in-store promotions in its 19 Washington-area stores, and it maintains good rapport with Wargo and her staff, phoning them when gifts have been purchased and are ready to be picked up.

This isn't the first time Wargo has thrown such a shower. In 1990, when the 22-bedroom Ronald McDonald House in Washington, D.C., needed refurbishing, Wargo held a one-day event with the sponsorship of a local radio station.

"We thought, 'Why not do it again on a bigger scale?'" says Wargo. "It's been very successful for us . . . and it's a lot of fun."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# Remembering a fallen hero at Haley Farm

A mighty oak had fallen, and scores of child advocates, clergy, and other people of faith gathered in a field at the former Alex Haley Farm to plant a tree in memory of one of America's greatest preachers.

The Rev. Dr. Samuel DeWitt Proctor, who died in May at age 75, was one of America's greatest contributors—a scholar, humanitarian, teacher, and preacher of immense proportion. When he suffered his fatal heart attack, he was doing what he loved best, preaching to and teaching young people.

And like the mighty oak, whose strong roots and plentiful acorns ensure future generations of towering trees, Dr. Proctor's legacy will stand forever.

*The late Rev. Dr. Samuel DeWitt Proctor*

"We gave tribute to his name, his spirit, his life, his witness, his memory, and his legacy," says the Rev. Jason Clark, coordinator of Black community outreach for CDF's Religious Affairs Division. CDF's Institute for Child Advocacy Ministry tribute included a tree planting, worship service, and video viewing of Dr. Proctor's last sermon at the Institute, "Mr. Sceva and His Seven Sons." About 200 religious leaders attended the Institute in July at the Haley Farm in Clinton, Tenn.

Dr. Proctor, who had always conducted the morning devotions at the Institute, was one of America's most respected leaders.

He succeeded Adam Clayton Powell, Jr., as minister of Abyssinian Baptist Church in Harlem and became friend and advisor to many whose names ring throughout civil rights history, including Martin Luther King, Jr. and Medgar Evers. He served in the Kennedy, Johnson, and Carter administrations, worked in the Peace Corps, and in the Office of Economic Opportunity. He became president of Virginia Union College [now University], his alma mater, and North Carolina A&T University. During his more than 50 years as a minister, Dr. Proctor was honored by universities, churches, and political leaders the world over.

The Rev. Jesse Jackson, who was student body president at North Carolina A&T when Dr. Proctor was university president, says, "People in my generation looked up to Dr. King. Dr. King looked up to Dr. Proctor." Dr. Proctor earned his doctorate in theology at Boston University five years before Dr. King earned his from the same institution.

When Dr. Proctor arrived as pastor of Abyssinian in 1972, he called over to Union Theological Seminary and asked for a young, bright minister who was willing to learn. That minister was the Rev. Dr. Calvin Butts, who is now the pastor of Abyssinian. Butts preached at the closing worship service of the 1997 Institute.

Benjamin Carroll, 32, youth pastor of Ebenezer Baptist Church in Atlanta, is another young minister whose life Dr. Proctor touched.

"Dr. Proctor's ministry influenced my preaching," says Carroll, whose church was pastored by Dr. King. "Even though he was such a serious intellectual, he preached the kind of message that the common person could understand. You didn't have to have a Ph.D. to relate to where he was coming from. He had accomplished so much during his life, and I was always inspired by that.

"When I finally got a chance to meet him, he was so down-to-earth, and it was plain to see that his message matched his manhood. This man had so much wisdom to share, and just as I was looking forward to learning more from him, he was gone."

## Sunroom dedication

Another, equally moving tribute during the Institute was the dedication of the sunroom in the Haley Farm lodge to the late Shirley Comer, wife of BCCC Working Committee member James Comer, a renowned scholar and education reformer. The Comer children, Dawn and Brian, spoke about their mother as part of the tribute. More than 100 family members and friends attended the evening dedication and reception.

*The late Mrs. Shirley Comer*

## Institute inspires action for children

The purpose of the Institute is to gather religious leaders and other faith-based advocates for children for a week of spiritual renewal, networking, and continuing education about children. Together, participants explore how faith relates to children and advocacy, hear inspiring preaching on children's concerns, gain solid, up-to-date information on children's needs, and acquire new skills, models, and strategies to implement programs to help children and strengthen families in their own congregations and communities.

"It was a very moving week," says Shannon Daley-Harris, CDF's Director of Religious Affairs who directs the annual Institute. "We were able to honor old friends as well as make new ones that will continue to work faithfully with and for children."

*For information about the 1998 Institute for Child Advocacy Ministry, July 20-24, 1998, contact CDF's Religious Affairs Division, 202-662-3589. A video of Dr. Proctor's last sermon at the Institute, "Mr. Sceva and His Seven Sons," is available for $20 plus $2 shipping through CDF Publications, 202-662-3652.*

# CDF at Work

## Houston, O'Donnell performing in 25th anniversary benefits

This fall, a handful of events will kick off CDF's 25th anniversary celebration in honor of the organization's commitment to America's children.

In Washington, D.C., singer **Whitney Houston** will perform two benefit concerts for CDF at Constitution Hall on October 3 and 5. The October 5 concert will be broadcast live on Home Box Office (HBO)—(check local listings). Both concerts are sponsored by HBO and Time Warner, Inc.

On Sunday, October 19, at the Cathedral of St. John the Divine in New York City, people who have supported CDF's mission to Leave No Child Behind are invited to premier performances by some of the city's leading youth companies, including the **Harlem School of the Arts, Ballet Hispanico,** and the **Henry Street Dance Program.** The 3 p.m. event is free and open to the public.

**Rosie O'Donnell**, **Glenn Close**, **Iman**, **David Gaines**, **Lillias White**, **Desmond Richardson, Bebe Neuwirth**, and **Sam Harris** have signed on to perform at Lincoln Center's Avery Fisher Hall for CDF-New York's all-star benefit on Monday, October 20. The 90-minute black-tie gala of music, song, and dance will also feature the **Dance Theater of Harlem** and the **Elliot Feld Dance Company.**

**Terry Hodge Taylor** of Hodge Taylor Productions will produce the evening event, while legendary dancer-choreographer **Carmen DeLavallade** will direct. The honorary chair for the benefit is First Lady **Hillary Rodham Clinton.** Co-chairs are CDF board member **Maureen Cogan** and **Joyce Brown-McCall**, a psychology professor and former deputy mayor under Mayor **David Dinkins.**

In Washington, D.C., CDF's annual national benefit is set for Wednesday, November 19, at the National Building Museum. Five high school students from the District of Columbia, Maryland, and Virginia, who have overcome tremendous obstacles and are succeeding, will be honored, as will longtime CDF friend and supporter **Nancy "Bitsey" Folger.** Former U.S. poet laureate **Rita Dove** and D.C. Public Schools Superintendent General **Julius Becton** will be two of the individuals presenting awards.

*For more information, contact Sharie Brown Wood at CDF, 202-628-8787.*

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**Susanne Martinez** has joined CDF as director of programs and policy. In that role, she will oversee CDF's policy agenda and its implementation nationwide.

*Susanne Martinez*

Martinez previously was legislative director and counsel to Sen. **Russ Feingold** (D-Wis.). Prior to that, she spent more than 15 years working in the U.S. Senate, for former Sen. **Alan Cranston** (D-Calif.) and as staff director of the Senate Subcommittee on Child and Human Development. A lawyer by training, Martinez also worked for the Youth Law Center in San Francisco and the San Francisco Neighborhood Legal Assistance Foundation.

**Pat Appel** has joined CDF as director of development. Prior to joining CDF, Appel was associate vice president for university relations at The George Washington University. She also has served as associate vice president for development at Hood College in Frederick, Md., and as director of major gifts for Earlham College in Richmond, Ind. Before beginning her career in development, Appel was executive director of a YWCA and director of a woman's center.

*Pat Appel*

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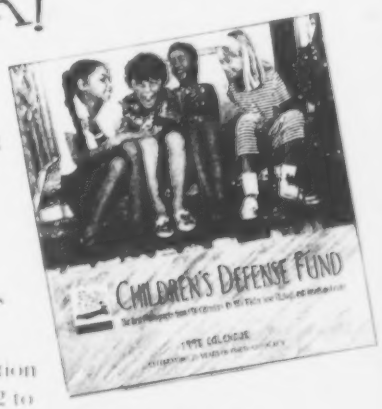
## Celebrate Children!

**The Children's Defense Fund 1998 Calendar is now available! It's the perfect holiday gift idea — and a year-long celebration of children.**




CDF's 1998 25th anniversary edition wall calendar features the best photographs from previous CDF calendars by Nita Winter, Susie Fitzhugh, and Jonathan Levine. It includes steps *you* can take to help America's children.

To order the calendar, published in cooperation with Pomegranate Calendars & Books, send $12 to CDF Publications. For postage and handling, add $2 for the first item and $1 each additional item. Call Orlando Bugarin at 202-662-3643 for information about multiple-order discounts.



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# One step for children

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(See story, page 9)

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## Of Note

### Conferences

**Oct. 22-24 — "The Effects of Poverty on Children's Health,"** El Paso, Texas, organized by the University of Texas System, Texas-Mexico Border Health Coordination Office. Call 210-381-3687.

**Nov. 5-7 — "Preparing Effective Community Leaders, Professionals and Workers: The Third National Conference on Community Collaboration and Interprofessional Education,"** Kansas City, Mo., sponsored by the National Interprofessional Education and Training Network and the Together We Can Initiative. Call 206-685-7610 for information.

### Publications

***Common Purpose: Strengthening Families and Neighborhoods to Rebuild America,*** by Lisbeth B. Schorr, explains how high rates of single parenthood, child abuse, youth violence, school failure, and intergenerational poverty can be turned around. New from Doubleday; in bookstore, $24.95.

**Two free guides** from the National Center on Child Abuse and Neglect (NCCAN) are available to help homeless shelter staff recognize child maltreatment and create housing that nurtures families. *The Annotated Resource Guide* explains the risk of abusive and neglectful behaviors among homeless families, discusses reporting procedures, and identifies the types of programs and services that meet the complex needs of homeless families. *A Coalition-Building Guide* outlines a method that shelters and community agencies can use to develop collaborative services for homeless families and bring about systemic change. To order, call the NCCAN Clearinghouse, 1-800-FYI-3366.

***Theory Meets Practice: A Report on Six Small-Scale Two-Generation Programs,*** from the Foundation for Child Development (FCD), distills insights from the experiences of six New York City projects designed to help low-income families find work, child care, and health care. Free from FCD, 345 East 46th Street, New York, NY 10017, 212-697-3150.

The following items are available from the U.S. Department of Education:

***Learning Partners: A Guide to Educational Activities for Families*** gives parents activities to do with their children to reinforce learning. **Learning Activities for the Growth Season** is a seven-week activities calendar for parents based on President Clinton's "call to action" plan. Each publication is 50 cents. Send your name and address to Consumer Information Center, Department 3851, Pueblo, CO 81009.

***Including Your Child,*** from the U.S. Department of Education's National Institute on Early Childhood Development and Education, is a resource guide for families with special needs children. The easy-to-read booklet comes with a **Developmental Progress Chart,** which gives general milestones in a child's development between one month and 5 years of age. Single copies of the booklet and accompanying poster are free on a first-come, first-served basis from the National Library of Education, 1-800-424-1616. The booklet is also available on the Internet: http://www.ed.gov.

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Children's Defense Fund

# CDF Reports

Marian Wright Edelman, President

October 1997
Volume 18, Number 11


# U.S. teen birth rate drops for fourth year in a row

Fewer American teens had babies in 1995 than in 1994—the fourth year in a row that the teen birth rate has fallen, according to recently released figures from the National Center for Health Statistics (NCHS).

In 1995, 499,873 babies were born to teens ages 15 to 19, for a rate of 56.8 births per 1,000 teens, NCHS reports. This is down 4 percent from one year earlier and 9 percent lower than six years ago, when the rate reached its recent high (62.1). Many teen pregnancy experts and activists attribute the drop to the growing effectiveness of education and prevention campaigns.

"This is excellent news," says Barbara Kelley-Sease, national director of CDF's Black Community Crusade for Children, who has worked closely with teens on both parenting and prevention. "But we can't let up. To continue this downward trend, we need to accelerate our efforts to help young people make better choices about their lives. We need to build on known successful programs."

This drop comes after a 24 percent increase between 1986 and 1991. Despite the recent declines, the rate for 1995 is still considerably higher than it was during the early to mid-1980s (see Figure 1, page 2).

While the teen birth rate dropped for all racial groups, the largest decline in 1995—8 percent—was reported for Black teens (see story, page 18). Also important, says Kelley-Sease, was the drop in the percentage of teens having a second child. These birth rates declined in 1995 by 4 percent, the second year in a row that it has fallen, and this is another encouraging sign, she says.

Birth rates in 1995 dropped for teens of all ages. Teens ages 18 and 19 still account for the large majority of teen births. In 1995, the birth rate for teens ages 18 to 19 was more than twice that of teens ages 15 to 17 (89.1 vs. 36.0 per 1,000).

## Birth rates for unmarried teens fall

Birth rates also declined for unmarried women in all age groups under 40 years, but especially for teens. In 1995, a total of 375,738 babies were born to unmarried teens ages 15 to 19. The birth rate

(See page 2)

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*by Marian Wright Edelman*

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## U.S. teen birth rate drops for fourth year in a row

*(Continued from page 1)*

for unmarried teens fell to 44.4 births per 1,000 from 46.4 in 1994—a drop of 4 percent. This is only the third time since 1978 that the birth rate for unmarried teens has fallen.

Generally, overall teen birth rates are lower than in earlier eras, but the share of this declining number of births that are to unmarried teens has risen. In 1960, for example, 89.1 teens per 1,000 gave birth overall, but the birth rate for unmarried teens was only 15.5 per 1,000. In 1995, the overall teen birth rate was down by more than one-third since 1960, but the unmarried teen birth rate had nearly tripled.

Contrary to popular belief, the actual number of babies born to unmarried White teens is larger than the number of babies born to unmarried Black teens, although the Black unmarried birth rate remains considerably higher than for Whites. While birth rates declined in 1995 for both White and Black unmarried teens, the rate for unmarried Black teens dropped for the fourth year in a row, to 92.8 per 1,000 (see story, page 18).

### What's working

Experts believe the teen birth rate is falling, in part, because more teens are choosing to delay sexual activity. According to the 1995 National Survey of Family Growth (NSFG), the proportion of teens who have had intercourse has declined after increasing steadily for more than two decades. And the NSFG found that teens who are sexually active are more likely to be using contraceptives.

The Centers for Disease Control and Prevention (CDC) has found recent declines in the teen abortion rate confirm that the falling teen birth rate reflects a corresponding drop in the teen pregnancy rate. This echoes what teen pregnancy experts are saying across the country.

"The education, prevention, and intervention programs have been effective," says Patricia Canessa, acting executive director and board president of the National Organization on Adolescent Pregnancy, Parenting, and Prevention, based in Washington, D.C. "The media are helping to get the word out, we've engaged more people in the private sector, and states and localities are taking more responsibility for helping teens."

A multi-faceted approach to reducing teen births is essential, agrees Linda Riggsbee, president of the Adolescent Pregnancy Prevention Coalition of North Carolina, a statewide organization that provides technical assistance to local communities battling teen pregnancy. "Teen births do not result from one single problem, so it doesn't make sense to do one kind of education or intervention program," she explains.

In North Carolina, increased funding both from the state and the private sector has meant more teen pregnancy prevention projects. As a result, Riggsbee says, "We're able to build prevention, education, and intervention programs of substance and reach far more of our youth than we were able to before."

Young people also deserve some credit for the decrease in teen birth rates, she says. "We've got kids today reaching for the stars," says Riggsbee. "They're setting goals and looking beyond just a high school diploma, so they want to hear how to make healthy choices."

### Keeping up the fight

The battle to reduce teen pregnancy is complicated by many factors, says Kelley-Scase, including poverty, inadequate education, and limited career opportunities.

To bolster the motivation and capacity of teens to make wise choices and to prevent too-early pregnancy, adults must provide a strong education that emphasizes basic skills, says Kelley-Scase. Teens need honest communication about family life and sexuality from parents, schools, and religious institutions. Job opportunities, work-related skills building, and exposure to the working world are vital. Young people who are not doing well in school especially need nonacademic avenues for success in order to increase their confidence and to help them develop motivation to achieve academically.

"Children and teens need to feel good about themselves," says Kelley-Scase. "They need strong self-esteem and a clear vision of a successful and self-sufficient future."

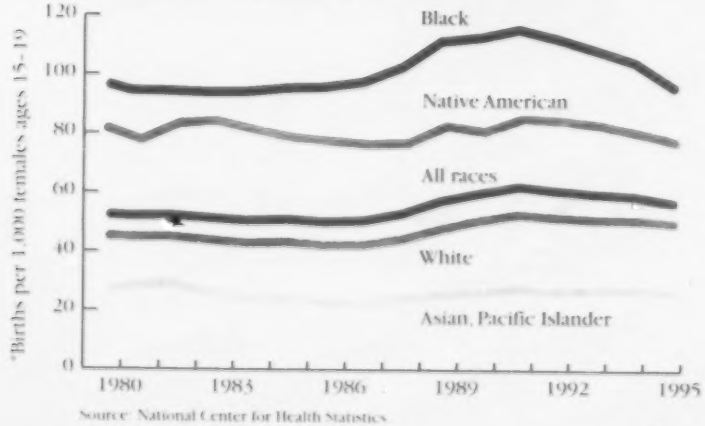
It's critical for children and young people to be involved in tutoring, recreation, mentoring, and other programs after school, on weekends, and in the summer so that they will have a link to caring adults. "Parents are the most important sources of guidance and nurturing for children of all ages, and our society needs to support parents in this role," says Kelley-Scase. "In addition, a relationship with a caring adult outside the family can have an extraordinary impact on a teenager."

More comprehensive and convenient adolescent health services in a variety of settings also are key, notes Riggsbee. For example, she says, more school-based health clinics and community health clinics geared to adolescents would be helpful.

"We now know what works," says Riggsbee. "It's time to concentrate on the models we know work rather than developing new ones. We also need to be mindful to listen to the teens. They'll tell us what they need."

**Figure 1** **Teen Births**

**Trends in teen birth rates,* by race of mother, 1980–1995**




Source: National Center for Health Statistics

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CDF Reports

*CDF Reports* (ISSN: 0276-6531) is published monthly by the Children's Defense Fund, 25 E Street NW, Washington, DC 20001, 202/628-8787. Year subscription rate: $29.95. For change of address, please include your old mailing label with your new address. Write to the managing editor for permission to reprint any part of this publication. The Charles H. Revson Foundation provides support for all CDF publications.

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*Page 1 photo: Barry Cutting*

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# A Voice for Children

*by CDF President Marian Wright Edelman*

## How "welfare to work" *can* work

A young woman from Minneapolis, Minn., I'll call her Julie, is struggling to leave welfare and make a better life for herself and her two young sons. Julie, 25, never intended to go on welfare, but after fleeing from an abusive husband, she found it impossible to make ends meet as a single mother.

Fortunately for Julie, a social worker guided her to a program that not only provides child care and health care to families receiving welfare but also makes work pay.

The Minnesota Family Investment Program, which on January 1 will help *all* eligible Minnesota families receiving welfare, gives parents who take low-wage jobs a little extra help. Julie works 30 hours a week as a cashier at a local grocery store, where she earns $6 an hour, still not enough to make ends meet for a family of three. But the program supplements her earnings so that she can pay for rent, food, transportation, clothes, and other necessities. Julie says that with the supplement, after paying her family's bills, she has about $19 left over each month.

**Minnesota . . . has made it a goal to move families with children not just off welfare but out of poverty . . .**

So many working parents, like Julie, find it impossible to meet family expenses without some help. But by allowing her to continue receiving some benefits, Minnesota is giving Julie a chance to make ends meet, gain work experience, increase her wages, and work toward moving off welfare permanently.

Minnesota stands out as a state that has made it a goal to move families with children not just off welfare but out of poverty, which must be the goal of any real welfare reform. Time limits and work requirements give real urgency to states' attempts to provide stable and above-poverty-wage job opportunities for families receiving public assistance. Some states have risen to the challenge, but others have a long, long way to go (see Special Report, page 5).

There is no mystery about how to help families off welfare and out of poverty. States must provide the education, training, and work experience that parents need to compete for jobs with decent wages. States also need to remove the obstacles that often prevent parents from leaving welfare for work: lack of health care, transportation, and child care. As of Oct. 1, a new children's health insurance program is available to families whose children have no health insurance. This is a tremendous opportunity for states to ensure that all children get the Healthy Start they need and deserve. Every state should inform poor families leaving welfare about their continuing eligibility for Medicaid and for the new State Child Health Insurance Program.

States also need to make available safe, affordable, and reliable child care, including after-school and summer programs for school-age children. Parents shouldn't feel they have to stay on welfare just to have health insurance, or because they have no transportation to get to jobs, or can't afford safe child care.

While the economy is producing jobs in many regions, it is vitally important that states, businesses, and nonprofits act together to remove the barriers that prevent parents from competing for work.

As we enter the second year under the federal welfare law, let us not forget that there is still so much more that needs to be done to help families escape poverty. Advocates have worked so hard over the past year to protect children from the most harmful aspects of the new law, but we must all continue to look for opportunities to give children a Fair Start in life.



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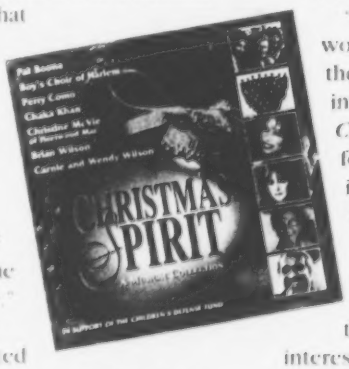
# New holiday CD to benefit CDF

As a parent, Mickey Shapiro wants the best for his own children. As a music producer, he wants the best for all children.

"So many children have no one to love them," says Shapiro, founder of MRS Enterprises. "Children need nurturing from adults who care about them."

So this summer, Shapiro, partner Steve Salzman, and UAV Entertainment's Jerry Pettus produced *Christmas Spirit*, a collection of holiday songs by an eclectic group of musical artists including Perry Como, Pat Boone, Brian Wilson, Carnie and Wendy Wilson, Christine McVie, Chaka Khan, and the Boys Choir of Harlem.

All royalties are being donated to CDF. "We wanted to find a national organization that would really impact children's lives by helping them get the services they need," says Shapiro. "CDF seemed like the perfect choice."




*Christmas Spirit* (suggested retail price $7.99) is available this month at music stores everywhere and at national retail chains such as K-Mart and Wal-Mart. CDF will receive approximately $0.80 for each CD sold.

Photo © Peter Cunningham

*The Boys Choir of Harlem*

Photo courtesy MRS Enterprises

*Wendy and Carnie Wilson*

Photo courtesy MRS Enterprises

*Christine McVie*

"I can't think of anyone who wouldn't like this CD because of the cross-section of artists involved," says Shapiro. And *Christmas Spirit* is an ideal choice for holiday entertaining because it contains something for everyone's taste.

Everyone he approached readily agreed to participate in the project. "It's often assumed that the artistic community isn't interested in doing something in a non-selfish fashion," Shapiro says. "The artists who made this CD are very aware that there are problems in the country and that large groups of children don't have adequate nutrition, education, or health care.

"This CD is a reflection of their commitment to rethinking national policy and how it affects children," adds Shapiro. "Everyone did it with a big smile, great enthusiasm, and a tremendous desire to do the right thing."

## Good deeds do pay off—especially at year's end!

Making a year-end gift to the Children's Defense Fund will not only make you feel good, it will make you feel *smart* because you can enjoy 1997 tax savings. For example:

| Gift of cash | | Gift of appreciated stock | |
|---|---|---|---|
| Amount of gift | $1,000 | Amount of gift | $1,000 |
| Income tax savings | | Income tax savings | |
| @ 40% tax rate (federal + state) | – $400 | @ 40% tax rate (federal + state) | – $400 |
| | | Capital gains tax savings | – $140 |
| Actual cost of gift | $600 | Actual cost of gift | $460 |
| | | Assumes $500 cost basis | |

Note: To qualify for 1997 tax savings, your gift must be made by December 31. Checks should be made payable to the Children's Defense Fund and may be returned in the envelope enclosed in this issue. Contact CDF or your broker about how to transfer gifts of stock to CDF. Actual tax benefits will vary depending on your personal financial situation. Always consult your attorney or financial advisor before making a gift. For more information, please call 202/662-3518.

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Special Report

# Welfare to Work

## Helping parents work while protecting children

In the first year of implementation of the 1996 welfare law that eliminated the federal guarantee of cash aid to families, a number of states have designed welfare programs that do little to address the needs of children and their parents.

A number of states, however, have made important commitments to children and families by including funds for child care, employment and training, and other supports in their Temporary Assistance for Needy Families (TANF) programs. These positive developments should serve as models for advocates working to advance state and community programs that help, not harm, children and families.

Under the new law, parents generally must go to work after receiving welfare for a maximum of two years, and families are limited to a lifetime total of five years' cash assistance. (A state can exempt 20 percent of its cases from the five-year limit.) In other respects, the law gives states substantial flexibility in shaping and implementing programs.

Photo © Tara C. Patty

Because most state legislatures only recently enacted laws putting their TANF plans into effect, it is still too early to judge the impact of the new welfare law on families and their children. Contrary to some accounts, the 1996 federal welfare changes are not the cause of most of the sharp declines in caseloads nationwide. Figures released in May 1997 indicate that the number of families receiving cash assistance—10.7 million—has dropped by 3.4 million (nearly 25 percent) since 1993 and by 1.45 million in the past year. Most of these declines predate adoption of TANF. But many states saw declines while operating pre-TANF welfare experiments with waivers of the old Aid to Families with Dependent Children (AFDC) law given by the federal government.

Some of those families leaving welfare certainly have found jobs, taking advantage of the nation's strong economy. But early indications suggest many parents have lost welfare even though they have not found jobs. Data submitted by states to the federal government for the quarter ending June 30, 1997, for example, listed only 15 percent of welfare case closings as a result of increased parental earnings, says CDF Family Income Director Deborah Weinstein. Most closings were due to failure to comply with program rules.

While it is very likely that some of those who did not follow program rules later found employment but didn't respond to notices or questionnaires needed to keep aid coming, these figures still point out the need for careful follow-up to determine whether many families are falling into dire straits when they leave TANF.

The need for closer scrutiny is underlined by the child poverty data released by the U.S. Census Bureau in late September. These data show that in 1996, while welfare rolls declined, the number of children in poverty fell

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### Helping parents work while protecting children

*(Continued from page 5)*

only slightly, and the number of children from working families in poverty rose (see the upcoming November 1997 issue of *CDF Reports*).

Still, a review of TANF plans may shed some light on how poor families will fare in months and years ahead. Perhaps because caseload declines and economic growth mean that states are not now facing a TANF fiscal crunch, states have not yet engaged in a "race to the bottom." It had been feared that many would create punitive welfare programs designed to assure that no state's benefits would be more generous than another's, according to Weinstein. Yet many states have not rushed to reduce cash grants.

Many states allow families to receive aid for the federal maximum lifetime limit of five years, although 12 states are only allowing shorter stays—18 months in Tennessee—followed by periods of ineligibility, such as two out of every five years. South Carolina restricts assistance to 24 months over a period of 10 years. Another eight states have selected varied time limits of less than five years, although some offer limited extensions.

### Preserving a safety net

California's Work Opportunity and Responsibility to Kids Act (CalWORKs) maintains a safety net by using state dollars to provide "child-only grants" after a family's TANF time limit has been reached. This means that while adults cannot receive cash aid after hitting the lifetime limit, their children can continue to receive reduced cash payments or vouchers to secure items such as food, clothing, and other necessities. For example, because only the adult portion of the cash payment is withheld, a family of three would see its $565 monthly grant reduced to $456 after hitting the five-year limit, explains Casey McKeever, attorney for the Western Center on Law and Poverty in Sacramento, Calif.

Two Midwestern states are providing cash to help low-wage workers. Minnesota has expanded its program providing partial cash assistance even beyond the federal five-year time limit to help families work their way out of poverty. Illinois, which advocates look to as a model for supportive child care provisions (see story, page 7), also is using its own funds to let families working 20 or more hours a week at low wages receive partial cash aid beyond the five-year limit.

### Positive developments in New York

Elements of New York state's TANF plan win praise from advocates as well. The new "Family Assistance" program allows parents to supplement often below-poverty earnings with partial cash aid—a family of three, for instance, can earn $1,000 a month and still receive some cash assistance. Child care is guaranteed to families receiving aid when parents need it either to work or to participate in work-related activities, such as unsubsidized employment, job searches, education, or training. This guarantee continues for 12 months after a family is no longer eligible for assistance or until its income is 200 percent (e.g., $32,100 for a family of four in 1997) of the federal poverty guidelines. Parents with children up to age 13 who cannot secure child care are excused from work activities. (By contrast, the federal law says that only parents with children up to age 6 cannot be penalized for refusing a work placement when no child care is available.) Several other states have appropriated funds to make child care more widely available (see story, page 7).

Another positive development in New York allows the statewide extension of the Child Assistance Program (CAP), a welfare demonstration project that advocates say successfully incorporates some of the most important principles of helping families become self-sufficient, including emphasis on child support and subsidies to low-wage work. The program allows families to keep more of their earnings than under the former AFDC program, and CAP benefits continue until a family's income reaches 150 percent of poverty.

"Advocates were successful in having the legislature recognize some of the needs of poor children," says Marlene Halpern, welfare policy specialist for CDF-New York.

### Keeping families off welfare

To help parents avoid having to go on welfare, Ohio's TANF plan provides targeted assistance, such as help with

*(See page 9)*

## Helping families go to work

Utah's Family Employment Program offers a mix of intensive services designed to prepare parents for work and ensure their children's well-being. The Family Employment Program provides crisis counseling, mental health and substance abuse services, special help for adults with very low education levels, and employment and training activities. All of these services are seen as activities that remove barriers to employment.

To help strengthen participants' job skills and self-esteem, the program also gives participants credit toward their work requirements for preemployment activities, such as volunteering at a Head Start center. A recent evaluation found that 24 months after enrolling in the Family Employment Program, 54 percent of participants were receiving no assistance, 25 percent received Medicaid and/or food stamps only, 7 percent combined cash aid with low-wage work, and only 14 percent were continuing to receive aid without work.

*For more information, call John Davenport, Family Employment Program, 801-468-0244.*

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# Illinois expands families' access to child care

One notable feature of Illinois' Temporary Assistance for Needy Families (TANF) program is its guarantee of child care assistance for all families with incomes below 50 percent of the state's median income, or about $22,000 a year. Child advocates point to this broad guarantee as a model because it expands child care eligibility beyond families receiving cash assistance to those working for low wages.

"We made some stunning steps forward in our child care plan," says Elissa Bassler, director of public education and advocacy for the Day Care Action Council of Illinois in Chicago. "If you're poor and working, you can get child care. You can also get child care if you're on TANF and involved in education, training, or workfare."

Illinois Gov. Jim Edgar and state advocates played a big role in guaranteeing child care eligibility to all families living near or below the poverty line ($16,050 for a family of four in 1997). The governor's budget proposal stressed that the state must not only help families with child care as they move from welfare to work but must also help working low-income parents so they can avoid ever needing welfare. Now all low-income families in Illinois are eligible for a child care subsidy, and parents' fees are based on family income level.

Under the 1996 welfare law, states were given enormous latitude to determine which families would be eligible for child care and what level of assistance they would receive. The law eliminated the federal guarantee that families receiving welfare who needed child care to participate in work or training would get it, although it did exempt parents with children up to age 6 from work requirements if child care was not available. The law also eliminated the guarantee of transitional child care for families leaving welfare for work.

In the wake of the law's enactment, states are addressing families' child care needs in a variety of ways. Illinois is investing $100 million to expand child care eligibility. Other states such as Colorado, Minnesota, Missouri, North Carolina, Rhode Island, and Washington also are planning to make child care assistance available to all eligible working families as well as families getting TANF who need child care.

North Carolina moved swiftly during its recent legislative session to approve better standards for child care to ensure children get the best possible treatment and attention, says Sue Russell, executive director of the Day Care Services Association in Chapel Hill, N.C. For example, family child care providers now are required to have either a high school diploma or GED certificate and must attend approved training courses. "We now have a set of quality measures set forth for everyone to follow," she says.

However, states still need to address widespread gaps in the accessibility and quality of child care, says CDF Child Care Director Helen Blank. There are still states with long waiting lists of families who need child care help. Also, given the research citing the importance of the first three years of life to child development, Blank adds that states must focus on improving infant care. And as TANF work requirements increase each year under the new law, states must continue to provide child care both for families receiving aid and for low-income working families, Blank says.

"There are some positive steps being taken in a number of states to extend child care to families receiving TANF and to working poor families," Blank says. "But advocates must keep working in their states to ensure that all families have affordable child care where children are learning and where they are safe from harm. The welfare law puts parents to work, but without good child care options, many parents won't be able to find or keep jobs and are more likely to return to welfare."

## Helping families go to work

A combination of job-skill training and remedial education prepares parents for the future at the Center for Employment and Training (CET). First established in San Jose, Calif., CET has more than 40 sites in 14 states.

CET provides 35 to 40 hours a week of intensive training in jobs keyed to the local labor market. Along with skills training, participants learn remedial math and English, as well as life skills including parenting and nutrition, and have access to crisis intervention services. Although trainees can move through CET at their own pace, most finish the program in six and a half months. The center helps market its graduates to potential employers and provides participants with on-site child care.

CET offers lifelong job counseling to its participants, improving their chances for stable employment. For participants in the year July 1, 1995, through June 30, 1996, average income rose from $6,256 to $18,233, including fringe benefits, according to CET.

*For more information, call Max Martinez, Center for Employment and Training, 408-534-5433.*

# Uncovering the effects of the new welfare law

Putting a human face on the effects of the 1996 welfare law so that others can understand it is a key aspect of effective advocacy. But this requires the ability to find, collect, and use relevant stories and data. And that is the mission of CDF's new Community Monitoring Project.

Although there are other evaluation projects reviewing the effects of the law, the Community Monitoring Project is unique because it focuses on community-level efforts, according to CDF Senior Program Associate Arloc Sherman. Funded over the next three years by both the W. K. Kellogg Foundation and the Ford Foundation, the project will highlight the impact on children and families of policy changes in welfare reform, health care, housing, child care, and related areas.

"Local groups who know and work with children and families every day are our best resources for uncovering the real-life consequences of welfare reform and diminished federal assistance to families," says Sherman, who notes that national household surveys may miss the hardest hit families—those who are living doubled up, homeless, constantly moving, or without telephone service. "CDF's Community Monitoring Project promises to broaden the knowledge advocates, policy makers, and the public have about the crises facing many families and will expand the advocacy skills of local groups wanting to document what is happening to children."

Sherman says there are several ways to collect information about families, from conducting interviews and surveys, to using official caseload or employment data, to convening focus groups and gathering personal stories. But community monitoring projects needn't be complicated. The goal is to empower local groups to collect accurate information about what is happening to children and families in their community—including using existing data, or gathering new data from clients, or collecting exemplary or compelling individual stories—and share it publicly and with policy makers. Below are just a few possibilities:

- Link social work students at a university with a community agency to examine changes in demand at food pantries so they can use the information to support efforts to improve state and local welfare implementation decisions.
- Help local child care agencies, with assistance from volunteers from congregations and civic groups, find out how many families are languishing on waiting lists; document what happens when families are unable to get reliable child care when they need it; and then use this information to persuade policy makers to expand child care subsidy initiatives.
- Ask local family resource centers and other parent support programs to conduct periodic focus groups with parents they know who are affected by the new welfare rules to help identify additional supports they need to get jobs and retain them.
- Encourage the local media to interview and profile families who are trying to move from welfare to work. Encourage selection of families whose stories teach a larger lesson about the impact of the new welfare law and what policies state and local governments should adopt.
- Involve a local elected official in obtaining welfare case closing data, to see if families are leaving welfare for work or are just losing assistance without other supports. Use the results to examine whether too harsh penalties are being applied.

CDF's Community Monitoring Project will devise written materials and monitoring guides, resource lists, model survey questions, shared examples of successful monitoring projects, guides to influencing policy and working with the media, in addition to providing opportunities to communicate and collaborate with other local groups. In selected areas, CDF staff will also provide targeted assistance and training sessions.

One significant benefit of the Community Monitoring Project, Sherman explains, is that it helps advocates link with other local, state, and national service providers, researchers, and advocacy organizations engaging in similar work. Such a wide network is more important now than ever before, since each state is developing and implementing its own welfare plan (see story, page 5). The monitoring project will be especially useful for state and local advocates working to expand the quantity and quality of child care as part of CDF's 1998 child care campaign.

**"Local groups who . . . work with children and families every day are our best resources for uncovering the real-life consequences of welfare reform and diminished federal assistance."**

"Our children are facing hunger, poverty, illness, and inadequate child care, yet the country is silent," Sherman notes. "At the same time, there are successful efforts to help children that policy makers across the country should learn from. It is time for our neighbors, leaders, and elected officials to understand what is happening and be moved toward positive change."

*For more information about CDF's Community Monitoring Project, contact Arloc Sherman, 25 E Street N.W., Washington, DC 20001, 202-662-3537.*

### Helping parents work while protecting children

*(Continued from page 6)*

overdue rent or one-time car repairs, to cash-strapped families. Another way Ohio addresses families' needs, says CDF-Ohio Director Mark Real, is by guaranteeing child care assistance to those who work while receiving TANF as well as to families for up to one year after leaving welfare or until they reach 150 percent of the poverty level.

"We cannot expect parents to go to work without providing families with the resources that are essential to their success, such as child care, health care, and child support," says Real.

### Ensuring families get enough to eat

Because the welfare law scaled back food stamp benefits for many vulnerable families, a number of states are offering additional assistance to prevent children from going hungry, according to Carrie Lewis of the Food Research Action Council.

Eleven states are helping legal immigrants who are losing food stamp benefits under the welfare law. Washington state, for example, is setting up a $65 million food assistance program for legal immigrants. Maryland is spending more than $2 million to provide food aid to all legal immigrant children under age 18. Several counties in New York and New York City are planning to use state funds to provide food stamps to immigrants who are under the age of 18, or who are elderly, ill, or disabled.

### More families need help

While some states have made serious efforts to help families succeed and not be harmed by the strict work requirements and time limits that now define federally funded aid, others are taking steps that may well exacerbate the harm of the federal law. Indiana has proposed counting Medicaid's health coverage toward a family's five-year benefits limit, regardless of whether that family is receiving cash aid. Thousands of families around the nation already are losing aid because of penalties embedded in the new federal rules, Weinstein says. In Mississippi, data from April through June 1997 show that the number of families who left the welfare rolls increased by 3,819 compared with the same period in 1996. However, only 8 percent left welfare because of earnings, while 67 percent lost cash assistance for failure to comply with program rules. But as a recent GAO report found (see "Welfare in the States" in the August 1997 issue of *CDF Reports*), many states have erroneously penalized families and more than half of the case terminations were reversed on appeal. Especially high sanction and termination rates have been observed in Iowa, Massachusetts, South Carolina, Virginia, and Wisconsin.

### What advocates can do

Since TANF plans can be amended at any time, many opportunities still exist for advocates to address children's needs by convincing states to provide the ongoing help families need to move off—and stay off—welfare and lift their children out of poverty. A new CDF report, *Lemon-Aid? Making the New Welfare Law Work for Children and Families*, suggests ways that states can help support families. For example, advocates can protect families from being penalized when parents fail to meet work requirements because they cannot find child care. Advocates can also ensure that work activities are broadly defined. Important links also can be made between family support programs and welfare offices so that parents get the extra support and confidence they need to succeed in their jobs.

Advocates should keep a watchful eye on what families require in order to succeed. In this connection, CDF has initiated a survey of state efforts to address the needs of TANF families with severe employment barriers, such as domestic abuse, substance abuse, or mental health issues. Without additional help, these families are especially vulnerable to ending up at the door of the child protection system.

"Some states are stepping in to provide the critical support families need so parents can find and keep jobs, and prevent their children from falling deeper into poverty," says Weinstein. "By making investments in children's lives a priority, these state efforts may well mean the difference between self-sufficiency and destitution."

Lemon-Aid? Making the New Welfare Law Work for Children and Families *is available for $5.95 plus $2 shipping and handling through CDF Publications, 202-662-3652.*

## Helping families go to work

Based in Milwaukee, Wis., the New Hope Project guarantees that participants who volunteer for the program will have above-poverty income, plus health coverage and child care, as long as they work full-time. Most participants find jobs and receive an income supplement from New Hope if, after adding state and federal earned income tax credits to wages, they have below-poverty incomes. Parents who cannot find regular jobs may engage in six-month stints at community service jobs in a public or nonprofit setting, in order to continue meeting the minimum work requirement. An interim evaluation found that after a year of operating, most participants found regular jobs. Only about one-quarter needed to accept community service employment. About three-quarters of them either found regular employment immediately after the community service placement or within 12 months of leaving it. Seventy-two percent received wage subsidies.

*For more information, call the New Hope Project, 414-342-3338.*

# Child immunizations hit all-time high

The percentage of preschool children in the United States who are protected against certain debilitating and fatal vaccine-preventable diseases has increased to record levels, according to the most recent national survey conducted by the National Center for Health Statistics (NCHS) for the Centers for Disease Control and Prevention (CDC).

The National Immunization Survey shows that in 1996, 78 percent of 19- to 35-month-old children had all the required vaccinations for measles, mumps, and rubella (MMR); diphtheria, pertussis, and tetanus (DPT); and polio. This compared with 75 percent of 2-year-olds in 1995. A similar survey showed that as recently as 1992 only 55 percent of 2-year-olds were fully immunized. And the immunization rate for toddlers now exceeds 90 percent for such critical vaccines as polio and measles (see Figure 1, page 11).

As immunization rates have gone up, the incidence of vaccine-preventable diseases has gone down. For example, 47 states and the District of Columbia reported no cases of diphtheria in 1996. Between 1989 and 1995, the incidence of *Haemophilus influenzae*—the leading cause of bacterial meningitis—decreased by 99 percent for children under age 5. In 1996, the CDC reported that tetanus for children under age 15 and polio had been completely eliminated.

"This is very exciting," says CDF Health Director Stan Dorn. "Over the past four years, more and more preschool children are being protected from preventable childhood diseases. The success we've had at boosting childhood immunizations in recent years is a good example of what we can achieve when all segments of society work together." The public health community, child advocates, parents, the private sector, and federal, state and local governments all deserve credit for this remarkable achievement, says Dorn.

## Vaccines for Children program helpful

The Vaccines for Children (VFC) program, which Congress enacted in 1993 as part of the Clinton Administration's multi-faceted childhood immunization initiative, is one important strategy that has helped increase immunization rates, according to national experts.

"The VFC program has increased accessibility to immunizations for some of the most neglected children," says Dean Mason, chief of the program support branch for the National Immunization Program at CDC.

**"Over the past four years, more and more preschool children are being protected from preventable childhood diseases. The success we've had at boosting childhood immunizations in recent years is a good example of what we can achieve when all segments of society work together."**

VFC makes free vaccines available for uninsured, Medicaid-covered, and Native American children through private doctors and public clinics enrolled in the program. Some children who have private health insurance but whose plans do not cover vaccinations also are benefiting because many states are using their own money, in many instances freed up by VFC funding, to immunize such uninsured children.

The goal of VFC is to enable children to receive their immunizations from their regular physician. As of December 1996, 41,845 sites nationally—31,468 of them private—were enrolled in VFC, according to Mason. (The CDC estimates that there are 2.2 providers at each site.) Because vaccine costs had skyrocketed to unaffordable levels for many families with young children, more and more pediatricians— 93 percent of those in group practice according to a 1992 *Pediatrics* study—were referring uninsured patients to public health clinics for immunizations even though the children came to their offices for sick visits and check-ups. But short clinic hours, long waiting lists, and the difficulty of making multiple visits for working parents meant that many children were going unimmunized after the referrals.

"Private providers say they no longer feel compelled to refer their patients to public health clinics for reasons of vaccine costs," says Mason, because VFC pays for the vaccine.

A recent survey of 1,236 pediatricians reported in the September 24, 1997, *Journal of the American Medical Association* found physicians receiving free vaccine supplies are half as likely to make vaccination referrals to public clinics. According to "Impact of Free Vaccine and Insurance Status on Physician Referral of Children to Public Vaccine Clinics," 90 percent of physicians not receiving free vaccine were likely to refer an uninsured child to the health department for vaccination, compared with 44 percent of pediatricians who received free vaccines. In addition, the study found that 77 percent of pediatricians participating in VFC reported a "high level of satisfaction overall" with the program.

Providers like VFC, says Mason, because it helps them provide less fragmented care. "The VFC has increased accessibility by returning children to their medical home," he says.

## Effective partnerships

In 1995, when only a little over half of New York City preschoolers were fully immunized, child advocates joined forces with the private sector, as well as the city's departments of health, education, transportation, and housing, among others, to spread the word about the importance of early childhood immunization. Today, 81 percent of New York City preschoolers are fully vaccinated— a nearly 30 percent increase in just two years.

*(See page 11)*

## Child immunizations hit all-time high

*(Continued from page 10)*

"We're very happy," says Sandy Trujillo, project coordinator for the Child Vaccination Program (CVP) based in CDF-New York's office. "These stunning results are testimony to all sectors coming together and working toward a common goal."

To remind families that their young children should be immunized, the New York City Department of Health, Chase Manhattan Bank, and CDF-New York developed the Child Vaccination Program, a comprehensive public awareness, community mobilization, and advocacy campaign, in May 1995. Each partner in the campaign—now about 100—helped spread the word by drawing from its own unique resources.

Chase Manhattan Bank helped spearhead the public awareness campaign, drawing on its media and publicity resources to help design and launch ads. Through the bank's efforts, the CVP obtained for free more than $2 million worth of advertising, which ran in almost all New York City newspapers and magazines and on most radio and television stations. In addition, Chase gave information about childhood immunizations to its bank patrons through computerized messages on ATM receipts and account statements, and hung posters in its New York City branches. The posters featured baby pictures of celebrities such as Whitney Houston, Jimmy Smits, Danny DeVito, and Spike Lee, with a message emphasizing the importance of children getting all their immunizations.

The New York City Department of Health and the MTA–New York City Transit donated subway and bus space for the posters. The local housing authority distributed information about childhood immunizations to its residents. The New York City Department of Housing Preservation and Development mailed information to its residents in rent bills. And local restaurants, religious groups, schools, child care centers, movie theaters, and grocery stores also displayed posters and distributed information.

Extensive outreach touched 13 city neighborhoods. Representatives from each neighborhood formed a coalition and organized local health fairs and other activities to educate as many families as possible. Advocates also worked to overcome barriers to timely vaccination by educating providers about missed opportunities to vaccinate children and by working to change clinic hours to help working parents and to ensure that clinic staff were bilingual. They also enrolled eligible families in Medicaid and the state's child health insurance program that covers immunizations.

Since the campaign began, calls to the city health department's immunization hotline have increased by 300 to 400 percent, according to Trujillo, and thousands of children have been referred to pediatricians and public health clinics for shots.

"Our goal is to immunize 90 percent of New York City children by the year 2000," says Trujillo. "This goal will be tougher," she says, pointing to new restrictions in the welfare law on immigrant children getting health benefits as one newly created barrier.

**"The VFC program has increased accessibility to immunizations for some of the most neglected children."**

### More work to be done

Continuing to raise children's immunization rates won't be an easy task, advocates acknowledge. They say it will take continued cooperation by all sectors.

"We've done a good job of motivating parents to get their children immunized on time," says Dave Seltz, Immunization Action Plan coordinator at the Ohio Department of Health. Ohio's immunization rates have risen to 79 percent in 1996, from 71 percent in 1995. "It's finding those remaining pockets of need that poses a challenge for us. We need to find a way to keep track of the children who are falling out of the system, such as those children whose parents are moving."

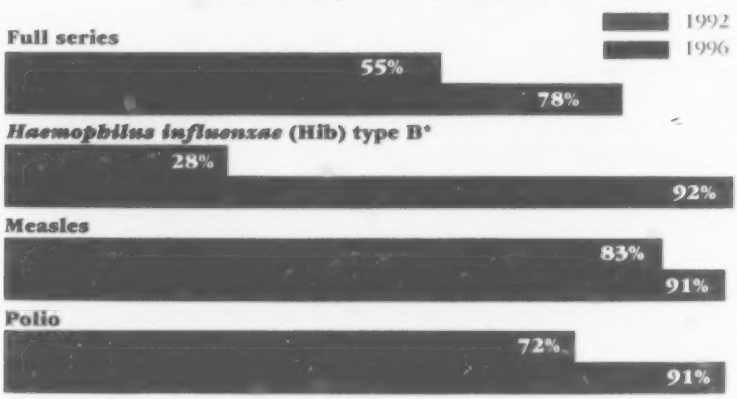
In late July, President Clinton unveiled two proposals to help meet his goal of ensuring that 90 percent of 2-year-olds receive all immunizations by the year 2000. One would require parents who receive federal help to pay for child care to have their children immunized, and another would help states set up records systems to track whether children are given vaccines on schedule.

"The recent attention focused on childhood immunizations has been terrific," says Dorn. "To protect our children from disease and keep them healthy, we must keep up the good work."

*For more information about the new immunization rates, see CDC's* Morbidity and Mortality Weekly Report, July 25, 1997, Vol. 46, No. 29. *To find out more about New York City's successful immunization campaign, call 212-233-4000.*

**Figure 1** **Childhood Immunizations**

**Percentage of U.S. toddlers receiving immunizations, 1992 versus 1996**




*Major cause of bacterial meningitis. Hib disease was not reported officially until 1991.

Source: Centers for Disease Control and Prevention

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# Maternal and infant health improving

The overall health of infants and pregnant women is looking brighter, according to figures released in June. The National Center for Health Statistics (NCHS) reported that in 1995, fewer babies died before their first birthday than in 1994, more babies were born to mothers receiving early prenatal care, and fewer women died of complications during childbirth. But at the same time, the percentage of babies born at low birthweight remained at its highest level in 20 years.

For Black newborns, 1995 was another year of improvement in every key maternal and child health indicator, continuing the steady record of improvement since 1990. The gap between Black and White maternal and child health remains shockingly large, but these data show that hard work can give more children a healthy start, according to CDF Health Director Stan Dorn.

"The multi-pronged efforts aimed at improving the health of pregnant women and their children are paying off dramatically," says Dorn. "We should feel very good about the progress we've made in improving the maternal and child health indicators.

"But the statistics reveal areas where we continue to need improvement," cautions Dorn. "At the current rate of progress, we won't meet many of the U.S. Surgeon General's maternal and child health goals for the year 2000." (See Table 1, below).

**"The multi-pronged efforts aimed at improving the health of pregnant women and their children are paying off dramatically. We should feel very good about the progress we've made in improving the maternal and child health indicators."**

## Infant mortality decreasing

The infant mortality rate has been falling more rapidly in the mid-1990s than in the decade before, and again reached a record low in 1995. In that year, 29,583 babies died before their first birthday, for a rate of 7.6 deaths per 1,000 live births, compared with 8.0 deaths per 1,000 in 1994. (See

*(See page 14)*

**Table 1** **U.S. Births**

### Selected maternal and child health indicators, by race and Hispanic origin of mother, 1995

| Characteristic | All races | White | Black | Native American | Asian, Pacific Islander | Hispanic | Surgeon General's goal for 2000 |
|---|---|---|---|---|---|---|---|
| *Percent* | | | | | | | |
| Early prenatal care* | 81.3% | 83.6% | 70.4% | 66.7% | 79.9% | 70.8% | 90.0% |
| Late or no prenatal care** | 4.2 | 3.5 | 7.6 | 9.5 | 4.3 | 7.4 | NG |
| Low birthweight*** | 7.3 | 6.2 | 13.1 | 6.6 | 6.9 | 6.3 | 5.0 |
| Very low birthweight**** | 1.3 | 1.1 | 3.0 | 1.1 | 0.9 | 1.1 | 1.0 |
| Births to teens | 13.1 | 11.5 | 23.1 | 21.4 | 5.6 | 17.9 | NG |
| Births to unmarried women | 32.2 | 25.3 | 69.9 | 57.2 | 16.3 | 40.8 | NG |
| Births to mothers who have not completed high school | 22.6 | 21.6 | 28.7 | 33.0 | 16.1 | 52.1 | NG |
| *Per 1,000* | | | | | | | |
| Infant mortality rate***** | 7.6 | 6.3 | 15.1 | NA | NA | 6.1 | 7.0 |

*Prenatal care begun in the first three months of pregnancy.
**Prenatal care begun in the last three months of pregnancy, or not at all.
***Less than 2,500 grams (5 lbs., 8 oz.).
****Less than 1,500 grams (3 lbs., 4 oz.).
*****Infant deaths per 1,000 live births.
NA—not available.
NG—No goal for this indicator.

Note: Persons of Hispanic origin can be of any race.

Source: National Center for Health Statistics.

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## Infant mortality, by race and by state, 1995

| | Infant deaths* | | | Infant mortality rates** | | |
|---|---|---|---|---|---|---|
| | All races | White | Black | All races | White | Black |
| Alabama | 592 | 284 | 302 | 9.8 | 7.1 | 15.2 |
| Alaska | 79 | 43 | 11 | 7.7 | 6.1 | — |
| Arizona | 547 | 457 | 38 | 7.5 | 7.2 | 17.0 |
| Arkansas | 309 | 195 | 110 | 8.8 | 7.2 | 14.3 |
| California | 3,487 | 2,625 | 580 | 6.3 | 5.8 | 14.4 |
| Colorado | 352 | 300 | 44 | 6.5 | 6.0 | 16.8 |
| Connecticut | 317 | 245 | 68 | 7.2 | 6.5 | 12.6 |
| Delaware | 77 | 46 | 31 | 7.5 | 6.0 | 13.1 |
| District of Columbia | 146 | 13 | 133 | 16.2 | — | 19.6 |
| Florida | 1,420 | 857 | 549 | 7.5 | 6.0 | 13.0 |
| Georgia | 1,057 | 468 | 580 | 9.4 | 6.5 | 15.1 |
| Hawaii | 107 | 17 | 13 | 5.8 | — | — |
| Idaho | 110 | 102 | 6 | 6.1 | 5.8 | — |
| Illinois | 1,744 | 1,019 | 702 | 9.4 | 7.2 | 18.7 |
| Indiana | 692 | 534 | 153 | 8.4 | 7.3 | 17.5 |
| Iowa | 301 | 273 | 21 | 8.2 | 7.8 | |
| Kansas | 262 | 207 | 51 | 7.0 | 6.2 | 17.6 |
| Kentucky | 400 | 347 | 51 | 7.6 | 7.4 | 10.7 |
| Louisiana | 644 | 231 | 410 | 9.8 | 6.2 | 15.3 |
| Maine | 90 | 86 | 2 | 6.5 | 6.3 | — |
| Maryland | 647 | 282 | 348 | 8.9 | 6.0 | 15.3 |
| Massachusetts | 421 | 330 | 70 | 5.2 | 4.7 | 9.0 |
| Michigan | 1,114 | 661 | 434 | 8.3 | 6.2 | 17.3 |
| Minnesota | 426 | 338 | 51 | 6.7 | 6.0 | 17.6 |
| Mississippi | 436 | 151 | 282 | 10.5 | 7.0 | 14.7 |
| Missouri | 541 | 386 | 152 | 7.4 | 6.4 | 13.8 |
| Montana | 78 | 69 | 1 | 7.0 | 7.0 | — |
| Nebraska | 173 | 155 | 13 | 7.4 | 7.3 | — |
| Nevada | 144 | 119 | 19 | 5.7 | 5.5 | — |
| New Hampshire | 81 | 79 | 1 | 5.5 | 5.5 | — |
| New Jersey | 761 | 465 | 278 | 6.6 | 5.3 | 13.3 |
| New Mexico | 166 | 138 | 3 | 6.2 | 6.1 | — |
| New York | 2,085 | 1,241 | 783 | 7.7 | 6.2 | 13.9 |
| North Carolina | 933 | 480 | 428 | 9.2 | 6.7 | 15.9 |
| North Dakota | 61 | 51 | 0 | 7.2 | 6.7 | — |
| Ohio | 1,346 | 940 | 399 | 8.7 | 7.3 | 17.5 |
| Oklahoma | 380 | 287 | 68 | 8.3 | 8.0 | 15.1 |
| Oregon | 262 | 235 | 18 | 6.1 | 5.9 | — |
| Pennsylvania | 1,185 | 793 | 378 | 7.8 | 6.2 | 17.6 |
| Rhode Island | 92 | 79 | 11 | 7.2 | 7.0 | — |
| South Carolina | 488 | 215 | 268 | 9.6 | 6.7 | 14.6 |
| South Dakota | 99 | 69 | 0 | 9.5 | 7.9 | — |
| Tennessee | 677 | 383 | 290 | 9.3 | 6.8 | 17.9 |
| Texas | 2,114 | 1,633 | 454 | 6.5 | 5.9 | 11.7 |
| Utah | 213 | 200 | 4 | 5.4 | 5.3 | — |
| Vermont | 41 | 41 | 0 | 6.0 | 6.2 | — |
| Virginia | 723 | 385 | 326 | 7.8 | 5.7 | 15.3 |
| Washington | 453 | 375 | 48 | 5.9 | 5.6 | 16.2 |
| West Virginia | 168 | 154 | 14 | 7.9 | 7.6 | — |
| Wisconsin | 494 | 367 | 121 | 7.3 | 6.3 | 18.6 |
| Wyoming | 48 | 40 | 1 | 7.7 | 6.8 | — |
| United States | 29,583 | 19,490 | 9,118 | 7.6 | 6.3 | 15.1 |

*Infant deaths before the first birthday.
**Infant deaths before the first birthday per 1,000 live births.
—Number too small to calculate a reliable rate.

Source: National Center for Health Statistics.



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## Maternal and infant health improving

*(Continued from page 12)*

Table 2, page 13, for a state-by-state breakdown of infant mortality.)

NCHS attributes the improvement in 1995 to a dramatic 15.4 percent decrease in the number of deaths from sudden infant death syndrome. An increase in the number of babies whose mothers suffered complications during birth and the number of newborns affected by complications of the placenta, cord, and membranes were the main reasons the infant mortality rate didn't fall further, NCHS says.

Infant mortality rates have been improving over the past decade due to the expansion of Medicaid to more pregnant women and infants, according to Milton Kotelchuck, a professor of maternal and child health at University of North Carolina at Chapel Hill.

"The expansion of Medicaid in the late 1980s allowed for a tremendously larger number of women to have insurance during pregnancy," says Kotelchuck, who is also editor of the *Maternal and Child Health Journal*. "Medicaid in 1989 also began paying for a wider spectrum of prenatal care. This increased access to prenatal care is especially helpful for low-income women."

In addition, says Kotelchuck, there have been major advances in neonatal care that have contributed to the drop. One of these is the development of surfactant, a substance introduced in the late 1980s, which helps the lungs of premature babies grow stronger.

Despite the improvements, the United States still has one of the highest infant mortality rates among industrialized nations. And while the infant mortality rate declined for both White and Black infants in 1995 and the gap between the two races narrowed slightly (see story, page 18, and Table 3, this page), Black babies die before their first birthday at a much higher rate than White babies. In 1995, the Black infant mortality rate was 15.1 per 1,000 live births—more than twice that for White infants (6.3). If the Black infant mortality rate had been as low as the White rate, about 5,300 fewer Black babies would have died. The Hispanic infant mortality rate also fell in 1995, to 6.1 per 1,000 live births (persons of Hispanic origin can be of any race).

The U.S. Surgeon General has set a goal of decreasing the infant mortality rate to 7.0 by the year 2000—one that "at the recent rates of progress we're on target to achieving by 1997," says Kotelchuck. To make further progress,

> **"We do a great job of keeping small babies alive, but there are still way too many tiny babies being born. This remains a big challenge."**

he explains, it's important that all women have health insurance so they have continued access to an appropriate level of care throughout their pregnancy.

"We've won a lot of tremendous battles to make care comprehensive, but they're always under attack," says Kotelchuck. "We have to stay vigilant so we don't backtrack."

## Prenatal care gets a boost

Whether newborns survive past their first birthday depends in part on whether the mother has received prenatal care during the first trimester of pregnancy. According to NCHS, 81.3 percent of babies were born to mothers who received early prenatal care in 1995, up from 80.2 percent in 1994. (See Table 4, page 15, for a state-by-state breakdown). The U.S. Surgeon General's goal for early prenatal care for the year 2000 is 90 percent.

Following rapid improvements during the 1970s, the proportion of babies born to women receiving early prenatal care remained steady during the 1980s but has risen 8 percent since 1989. In addition, fewer babies (4.2 percent) were born to mothers who received no care until the third trimester, or had no care at all. This percentage has been dropping since 1989, after rising throughout the 1980s.

Early, comprehensive care can promote healthier pregnancies by detecting and managing maternal preexisting medical conditions, providing them with health behavior advice, and assessing the risk of pregnancy complications such as low birthweight and preterm birth, NCHS says. Studies show that prenatal care is vital to maternal health and serves as a gateway into the health care system, especially for low-income women.

More women of all races received first trimester care in 1995, except Asian and Pacific Islander women whose rates did not change substantially.

White women of all ages are still more likely to receive early prenatal care than Black women (see story, page 18, and Table 5, page 16). Hispanic women are only a little more likely than Black women to receive early prenatal care. In 1995, 70.8 percent of babies were born to Hispanic mothers who received early prenatal care. However, younger women and teens are still far more likely to receive late prenatal care or none at all. While the proportion of teens receiving early prenatal care increased in 1995, it remained alarmingly low. According to NCHS, in 1995 fewer than two-thirds— 65.8 percent—of

*(See page 16)*

**Table 3 Infant Mortality**

### Infant mortality rates,* by race, 1980–1995

| | All races | White | Black |
|---|---|---|---|
| 1980 | 12.6 | 10.9 | 22.2 |
| 1981 | 11.9 | 10.3 | 20.8 |
| 1982 | 11.5 | 9.9 | 20.5 |
| 1983 | 11.2 | 9.6 | 20.0 |
| 1984 | 10.8 | 9.3 | 19.2 |
| 1985 | 10.6 | 9.2 | 19.0 |
| 1986 | 10.4 | 8.8 | 18.9 |
| 1987 | 10.1 | 8.5 | 18.8 |
| 1988 | 10.0 | 8.4 | 18.5 |
| 1989 | 9.8 | 8.1 | 18.6 |
| 1990 | 9.2 | 7.6 | 18.0 |
| 1991 | 8.9 | 7.3 | 17.6 |
| 1992 | 8.5 | 6.9 | 16.8 |
| 1993 | 8.4 | 6.8 | 16.5 |
| 1994 | 8.0 | 6.6 | 15.8 |
| 1995 | 7.6 | 6.3 | 15.1 |

*Infant deaths before the first birthday per 1,000 live births.

Source: National Center for Health Statistics

## Babies born to mothers receiving early prenatal care and late or no prenatal care, and low-birthweight births, by race of mother and by state, 1995

| | Early prenatal care* | | | Late** or no prenatal care | | | Low birthweight*** | | |
|---|---|---|---|---|---|---|---|---|---|
| | All races | White | Black | All races | White | Black | All races | White | Black |
| Alabama | 81.7% | 87.8% | 69.5% | 3.8% | 2.2% | 7.0% | 9.0% | 7.1% | 13.0% |
| Alaska | 83.4 | 85.7 | 85.3 | 3.3 | — | 2.7 | 5.3 | 5.1 | 12.4 |
| Arizona | 72.1 | 73.2 | 68.9 | 8.2 | 7.8 | 8.2 | 6.8 | 6.6 | 13.1 |
| Arkansas | 76.6 | 80.8 | 62.1 | 6.3 | 4.7 | 12.1 | 8.2 | 6.8 | 13.1 |
| California | 78.5 | 78.5 | 76.3 | 5.2 | 5.2 | 6.0 | 6.1 | 5.5 | 12.0 |
| Colorado | 80.4 | 81.1 | 72.9 | 5.1 | 4.9 | 7.5 | 8.4 | 8.0 | 15.9 |
| Connecticut | 87.8 | 89.5 | 76.3 | 2.5 | 2.1 | 5.5 | 7.1 | 6.3 | 12.7 |
| Delaware | 85.3 | 88.5 | 74.4 | 2.8 | 1.9 | 5.8 | 8.4 | 7.0 | 12.9 |
| District of Columbia | 59.8 | 76.9 | 54.5 | 14.9 | 8.2 | 17.0 | 13.4 | 5.6 | 15.9 |
| Florida | 82.6 | 85.9 | 71.5 | 3.4 | 2.6 | 5.9 | 7.7 | 6.4 | 12.1 |
| Georgia | 84.2 | 88.8 | 75.5 | 3.2 | 2.1 | 5.4 | 8.8 | 6.5 | 13.1 |
| Hawaii | 83.7 | 88.8 | 91.9 | 3.6 | 2.2 | — | 7.0 | 5.3 | 11.1 |
| Idaho | 79.9 | 80.1 | 78.3 | 4.1 | 4.0 | — | 5.9 | 5.8 | — |
| Illinois | 80.8 | 84.4 | 67.1 | 4.4 | 3.1 | 9.2 | 7.9 | 6.1 | 14.5 |
| Indiana | 80.9 | 82.5 | 66.9 | 3.6 | 3.1 | 7.2 | 7.5 | 6.9 | 13.0 |
| Iowa | 87.1 | 87.7 | 72.2 | 2.4 | 2.3 | 6.2 | 6.0 | 5.8 | 11.1 |
| Kansas | 85.7 | 86.8 | 75.0 | 2.7 | 2.4 | 5.6 | 6.4 | 5.9 | 12.2 |
| Kentucky | 84.3 | 85.7 | 71.2 | 2.9 | 2.6 | 6.5 | 7.6 | 7.1 | 12.8 |
| Louisiana | 80.7 | 88.3 | 70.0 | 4.0 | 1.9 | 7.1 | 9.7 | 6.7 | 14.0 |
| Maine | 89.1 | 89.4 | 78.2 | 1.7 | 1.7 | — | 6.1 | 6.0 | — |
| Maryland | 87.9 | 92.4 | 77.7 | 3.0 | 1.6 | 6.4 | 8.5 | 6.2 | 13.5 |
| Massachusetts | 89.3 | 90.8 | 78.7 | 1.9 | 1.5 | 4.7 | 6.3 | 5.9 | 10.4 |
| Michigan | 83.6 | 86.8 | 69.5 | 3.3 | 2.3 | 7.7 | 7.7 | 6.3 | 14.0 |
| Minnesota | 83.6 | 86.3 | 62.9 | 3.0 | 2.2 | 9.2 | 5.9 | 5.5 | 12.1 |
| Mississippi | 77.2 | 87.0 | 66.1 | 4.8 | 2.1 | 7.7 | 9.8 | 7.0 | 13.0 |
| Missouri | 85.2 | 87.7 | 71.7 | 3.0 | 2.2 | 7.7 | 7.6 | 6.5 | 14.1 |
| Montana | 81.5 | 83.5 | 85.0 | 3.5 | 2.8 | — | 5.8 | 5.9 | — |
| Nebraska | 84.1 | 85.2 | 70.5 | 2.9 | 2.6 | 6.5 | 6.5 | 6.0 | 12.0 |
| Nevada | 75.7 | 76.6 | 65.9 | 7.9 | 7.6 | 12.0 | 7.4 | 6.7 | 13.6 |
| New Hampshire | 90.0 | 90.1 | 82.9 | 1.8 | 1.8 | — | 5.5 | 5.5 | — |
| New Jersey | 82.8 | 86.4 | 67.3 | 4.2 | 2.8 | 10.4 | 7.6 | 6.2 | 13.1 |
| New Mexico | 69.5 | 71.6 | 60.6 | 8.1 | 7.2 | 12.9 | 7.5 | 7.7 | 10.5 |
| New York | 78.0 | 81.5 | 66.5 | 5.2 | 4.1 | 9.0 | 7.6 | 6.4 | 12.4 |
| North Carolina | 83.5 | 88.3 | 71.3 | 3.3 | 2.1 | 6.4 | 8.7 | 6.8 | 13.8 |
| North Dakota | 83.9 | 85.2 | 76.8 | 2.3 | 1.9 | — | 5.3 | 5.1 | — |
| Ohio | 84.7 | 87.3 | 69.5 | 3.5 | 2.5 | 9.3 | 7.6 | 6.5 | 13.9 |
| Oklahoma | 78.2 | 80.9 | 66.1 | 4.9 | 3.9 | 8.7 | 7.0 | 6.4 | 12.5 |
| Oregon | 78.8 | 79.2 | 72.8 | 4.3 | 4.2 | 7.2 | 5.5 | 5.4 | 10.3 |
| Pennsylvania | 83.4 | 86.5 | 65.3 | 3.9 | 2.7 | 11.1 | 7.4 | 6.2 | 14.2 |
| Rhode Island | 89.7 | 91.1 | 77.4 | 1.3 | 1.1 | 4.5 | 6.8 | 6.3 | 11.3 |
| South Carolina | 78.5 | 85.5 | 66.2 | 4.8 | 2.8 | 8.4 | 9.3 | 6.8 | 13.7 |
| South Dakota | 81.9 | 85.6 | 72.7 | 3.6 | 2.0 | — | 5.6 | 5.5 | — |
| Tennessee | 82.8 | 86.2 | 71.1 | 3.6 | 2.4 | 7.6 | 8.7 | 7.2 | 14.0 |
| Texas | 77.3 | 77.6 | 73.7 | 5.7 | 5.6 | 6.6 | 7.1 | 6.4 | 12.2 |
| Utah | 84.3 | 85.3 | 66.4 | 3.0 | 2.7 | — | 6.3 | 6.2 | — |
| Vermont | 87.3 | 87.5 | 70.3 | 1.9 | 1.9 | — | 5.4 | 5.4 | — |
| Virginia | 83.8 | 87.8 | 71.7 | 3.2 | 2.1 | 6.7 | 7.7 | 6.1 | 12.9 |
| Washington | 82.7 | 83.6 | 75.8 | 3.5 | 3.2 | 6.3 | 5.5 | 5.2 | 11.1 |
| West Virginia | 82.0 | 82.6 | 66.8 | 3.0 | 2.8 | 8.3 | 7.9 | 7.6 | 16.5 |
| Wisconsin | 83.4 | 86.6 | 65.5 | 3.4 | 2.6 | 9.1 | 6.0 | 5.1 | 13.7 |
| Wyoming | 83.1 | 83.9 | 72.7 | 3.8 | 3.5 | — | 7.4 | 7.3 | — |
| United States | 81.3 | 83.6 | 70.4 | 4.2 | 3.5 | 7.6 | 7.3 | 6.2 | 13.1 |

*Care begun in the first trimester (first three months) of pregnancy
**Care begun in the last trimester (last three months) of pregnancy
***Less than 2,500 grams (5 lbs., 8 oz.)
—Number too small to calculate a reliable rate
Source: National Center for Health Statistics

## Maternal and infant health improving

*(Continued from page 14)*

teens received prenatal care during the first trimester; in 1994, only 64.3 percent of teens did so.

## Percentage of low-birthweight babies unchanged

Even though more women are receiving early prenatal care and the infant mortality rate has declined, the percentage of babies born at low birthweight (less than 5 pounds, 8 ounces) remains unchanged (see Figure 1, page 18).

"It's proved a puzzle why there's not more success in reducing low birthweight," says Kotelchuck. "We do a great job of keeping small babies alive, but there are still way too many tiny babies being born. This remains a big challenge."

In 1995, 285,152 babies—7.3 percent—were born at low birthweight, the same percentage as in 1994. The U.S. Surgeon General's goal for the year 2000 is 5 percent. "We're nowhere close to meeting that goal in the near future," says Dorn.

While the proportion of babies born weighing less than 5 pounds, 8 ounces, declined during the 1970s and early 1980s, it began rising again in 1985 and is now at its highest level in 20 years. Levels of low-birthweight births in 1995 increased slightly for Whites, while the rate for Blacks fell (see story, page 18).

The proportion of babies born at very low birthweight—under 3 pounds, 4 ounces—has been increasing gradually since 1980, and by 1995 was at 1.35 percent.

Although babies born at low birthweight have a better chance of survival than ever, they continue to be at much greater risk of dying before their first birthday. They are also at greater risk of such long-term disabilities as mental retardation, blindness, deafness, cerebral palsy, and other health problems. Infants born weighing between 3 pounds, 4 ounces, and 5 pounds, 8 ounces, are about five times more likely than larger infants to die during the first year of life. According to NCHS, the risk of early death for babies born below 3 pounds, 4 ounces, is about 65 times that of heavier infants.

Since more teens lack early prenatal care or adequate nutrition, it's not surprising that more of their babies are born at low birthweight. In 1995, almost one in 10 babies born to teens were at low birthweight, a rate unchanged from 1994. Rates of low-birthweight teen births in 1995 increased for Whites, while the rates for Blacks fell (see story, page 18).

"It may be that the causes of low birthweight and infant mortality are different in some respects," says Kotelchuck, who notes that health insurance for pregnant women and improved access to prenatal care alone won't improve low birthweight. For example, he says, one factor that could be the cause of low birthweight is whether a woman gives birth by Caesarean section.

## Maternal mortality down

Complications during childbirth that result in maternal death are nowhere near as prevalent as they were 50 years ago thanks to better obstetric care. Yet dying as a result of childbirth still happens far too often for an industrialized society, maintains Kotelchuck.

In 1995, 277 women died as a result of pregnancy and childbirth complications, compared with 328 in 1994. The maternal mortality rate for 1995 was 7.1 deaths per 100,000 live births, compared with a rate of 8.3 in 1994.

"It's good news that the numbers are declining in the United States," says Kotelchuck. "But 277 maternal deaths is still 277 too many."

Black women have a substantially higher risk of maternal death than White women. In 1995, the maternal mortality rate for Black women was 22.1—more than five times the rate for White women (4.2).

The startlingly large gap between Black and White mothers dying as a result of childbirth reflects differences in the overall health of these women before pregnancy, explains Kotelchuck. Black women are more likely than White women to suffer from hypertension, have cardiovascular problems, or to hemorrhage—all major causes of maternal mortality.

"This certainly speaks to making sure Black women, especially, have access to good, high-quality medical care when they need it," says Kotelchuck, "even before they are pregnant."

**Table 5** — **Prenatal Care Trends**

### Trends in prenatal care, as a percentage of births, by race of mother, 1980–1995

| | Early* prenatal care | | | Late** or no prenatal care | | |
|---|---|---|---|---|---|---|
| | All races | White | Black | All races | White | Black |
| 1980 | 76.3% | 79.2% | 62.4% | 5.1% | 4.5% | 8.9% |
| 1981 | 76.3 | 79.3 | 62.1 | 5.2 | 4.5 | 9.2 |
| 1982 | 76.1 | 79.2 | 61.1 | 5.5 | 4.5 | 9.7 |
| 1983 | 76.2 | 79.3 | 61.2 | 5.6 | 4.6 | 9.8 |
| 1984 | 76.5 | 79.6 | 61.9 | 5.6 | 4.7 | 9.7 |
| 1985 | 76.2 | 79.3 | 61.5 | 5.7 | 4.8 | 10.2 |
| 1986 | 75.9 | 79.1 | 61.2 | 6.0 | 5.0 | 10.7 |
| 1987 | 76.0 | 79.3 | 60.8 | 6.1 | 5.0 | 11.2 |
| 1988 | 75.9 | 79.3 | 60.7 | 6.1 | 5.0 | 11.0 |
| 1989 | 75.5 | 78.9 | 60.0 | 6.4 | 5.2 | 11.9 |
| 1990 | 75.8 | 79.2 | 60.6 | 6.1 | 4.9 | 11.3 |
| 1991 | 76.2 | 79.5 | 61.9 | 5.8 | 4.7 | 10.7 |
| 1992 | 77.7 | 80.8 | 63.9 | 5.2 | 4.2 | 9.9 |
| 1993 | 78.9 | 81.8 | 66.0 | 4.8 | 3.9 | 9.0 |
| 1994 | 80.2 | 82.8 | 68.3 | 4.4 | 3.6 | 8.2 |
| 1995 | 81.3 | 83.6 | 70.4 | 4.2 | 3.5 | 7.6 |

*Care begun in the first three months of pregnancy.
**Care begun in the last three months of pregnancy.
Source: National Center for Health Statistics

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# Field Strategies

*by Corina Cortez, CDF Field Director*

## Field staff builds on local partnerships

*Corina Cortez*

In recent months, the CDF Field Division has expanded its staff to better serve children's advocates and community leaders in their ongoing efforts to improve the lives of the nation's children. This growth will allow us to work collaboratively with advocates as states and localities make decisions that will have a profound, immediate, and long-range effect on the health and well-being of millions of children and their families.

Our goal is to continue to build on the partnerships we developed with the many organizations who joined together this past year to work toward providing health insurance to millions of uninsured children. Throughout the Child Health Now campaign, advocates turned to the Field Division for information on grassroots lobbying activities, or just a friendly ear. In turn, the Field Division looked to you for input on working with members of Congress, information about local politics, and news about progress in the various states.

*Tim Briceland-Betts*

The highlights for us as a Field Division were the successes we learned of from around the country. The grassroots efforts in each state were critical to the ultimate passage of a budget bill that included $48 billion for children's health coverage. Almost every day we heard a report of a press conference covered on television, a newly organized coalition, a letter to the editor printed in a local newspaper, or a successful meeting with an elected official.

In Wilmington, Del., for example, local child advocates organized a rousing press conference, encouraging Sen. William Roth (R-Del.) to vote in support of children's health. This press conference generated a great deal of attention and played a critical role in getting Sen. Roth's favorable vote.

*Kristen Hubbard*

In Kansas City, Mo., a strong and broad-based coalition of children's advocates organized a wonderful Stand For Children Day family gathering for 4,000 children and families, which focused on children's health. At the event, band-aid postcards bearing the message, "Children Need More Than Band-Aids . . . They Need Health Coverage," were signed and mailed to congressional representatives by hundreds of interested parents, neighbors, friends, and co-workers.

*Liz Rochlen*

Examples like these all around the country continue to come to our attention as we pursue the second phase of the campaign: implementation of the State Children's Health Insurance Program in each state. In the coming months, we will continue our efforts to work collaboratively with state and local networks to provide technical assistance, distribute timely and practical information, organize conference calls, create state children's health action kits, and convene statewide health meetings in partnership with local groups.

*Kim Taylor*

In addition, updated information will be available on the CDF Web site at www.childrensdefense.org. If you have access to e-mail, I encourage you to subscribe to the Field Division's Legislative Update Network. It includes weekly reports on health, child care, family income, child protection, and juvenile justice. If you are already a member, please pass the word on to other advocates. To join, send an e-mail to majordomo@automailer.com and type "subscribe cdfupdate" followed by your e-mail address. Or you can also sign up on the CDF Web site.

As the Field Division works to strengthen its capacity to respond to advocates' needs, we hope to hear from you about your work and about how we can be helpful. We will continue to search for new ways to provide technical assistance and get information to you in a timely fashion.

### Advocates: Contact your field organizer

- If you are an advocate in Arkansas, Illinois, Indiana, Iowa, Kansas, Michigan, Missouri, Nebraska, North Dakota, Oklahoma, South Dakota, Texas, and Wisconsin, call **Tim Briceland-Betts**, 202-662-3584.
- If you are an advocate in Connecticut, Delaware, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, Virginia, and West Virginia, call **Kristen Hubbard**, 202-662-3789.
- If you are an advocate in Alabama, Alaska, District of Columbia, Florida, Georgia, Hawaii, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, and Tennessee, call **Liz Rochlen**, 202-662-3665.
- If you are an advocate in Arizona, California, Colorado, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming, call **Kim Taylor**, 202-662-3645.

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Necessary

*News from the Black Community Crusade for Children*

# Births to Black teens falling; Black infant health improving

The significant drop in Black teen birth rates and encouraging improvements in Black infant and maternal health closely mirror drops for the rest of the nation (see stories, pages 1 and 12). Yet these changes merit special attention because, unlike the population as a whole, the birth rate for *unmarried* Black teens has fallen *steadily* over the past four years and most health indicators for Black babies and their mothers have improved markedly.

Birth rates for Black teens now are lower than in almost a decade, according to the National Center for Health Statistics (NCHS). In 1995, 133,694 babies were born to Black teens ages 15 to 19, for a rate of 96.1 births per 1,000 teens, according to NCHS. This is down 8 percent from the 1994 teen birth rate of 104.5 and an impressive 17 percent lower than in 1991 when it peaked at 115.5.

In addition, fewer unmarried Black teens are having babies. In 1995, the birth rate for unmarried Black teens was 92.8 per 1,000, a 7 percent drop from 1994.

Experts across the country believe that sex education, prevention, and intervention programs are making a dent in behavior, especially for Black teens, because of more targeted programs.

"We've been given more money every year from the state, so we're able to fund more projects and reach far more young people than we were able to before," says Linda Riggsbee, president of the Adolescent Pregnancy Prevention Coalition of North Carolina. "We've learned to take the programs directly to the young people. We now have programs in the housing projects that we didn't have five years ago."

According to Riggsbee, Black teens also have responded well to increased parental involvement and peer education, where teens talk to other teens about delaying sexual activity and the importance of contraceptives.

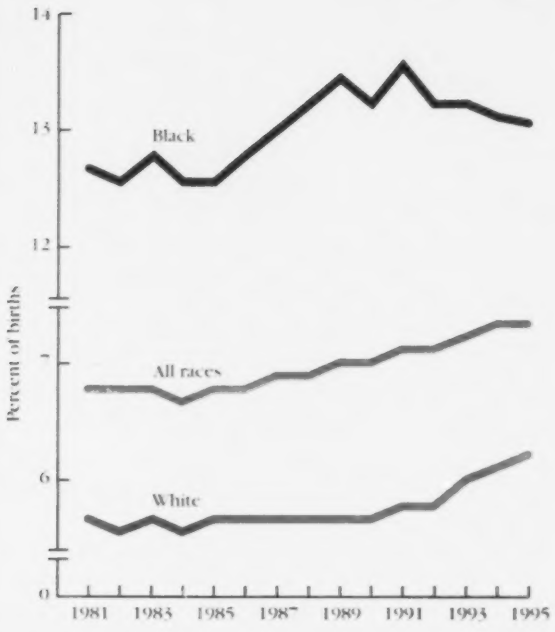
"Education is not going to work if young people hear one thing at school and see something different at home," says Riggsbee. "So we've started educating the parents, too, about healthy lifestyle choices."

Despite the recent declines, birth rates for Black teenagers continue to be far higher than for teens from other races (see Figure 1, page 2). The Black teen birth rate is almost twice the White teen birth rate (50.1) and almost four times the birth rate for Asian and Pacific Islander teens (26.1). The birth rate in 1995 for American Indian teens is 78.0. The Hispanic birth rate at 106.7 in 1995 is even higher than the Black teen birth

*(See page 19)*

**Figure 1** — **Low-Birthweight Trends**

**Trends in low-birthweight* births, as a percentage of births, 1981–1995**




| | By race of mother | | |
|---|---|---|---|
| | All races | White | Black |
| 1981 | 6.8% | 5.7% | 12.7% |
| 1982 | 6.8 | 5.6 | 12.6 |
| 1983 | 6.8 | 5.7 | 12.8 |
| 1984 | 6.7 | 5.6 | 12.6 |
| 1985 | 6.8 | 5.7 | 12.6 |
| 1986 | 6.8 | 5.7 | 12.8 |
| 1987 | 6.9 | 5.7 | 13.0 |
| 1988 | 6.9 | 5.7 | 13.3 |
| 1989 | 7.0 | 5.7 | 13.5 |
| 1990 | 7.0 | 5.7 | 13.3 |
| 1991 | 7.1 | 5.8 | 13.6 |
| 1992 | 7.1 | 5.8 | 13.3 |
| 1993 | 7.2 | 6.0 | 13.3 |
| 1994 | 7.3 | 6.1 | 13.2 |
| 1995 | 7.3 | 6.2 | 13.1 |

*Less than 2,500 grams (5 lbs. 8 oz.)
Source: National Center for Health Statistics

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## Births to Black teens falling; Black infant health improving

*(Continued from page 18)*

rate, driven in large part by the high Mexican-American birth rate. (Persons of Hispanic origin can be of any race).

"It's troubling how many young women of color continue to get pregnant," says Barbara Kelley-Sease, director of the Black Community Crusade for Children (BCCC) and a former director of a residential home for pregnant teens. "We need to give these young women self-confidence and a sense of hope so they don't think having babies is their future."

Fathers, especially, should not be forgotten in the fight to lower teen birth rates, notes Kelley-Sease. "Many young Black men believe they won't live past 25 and that they need to father a child to carry on their name," she says. "We need to show young Black men that having a child does not make them men, and help them understand that if they don't have a job, their children are more likely to grow up in poverty and be unhealthy."

### Infant mortality decreases

At the same time fewer Black teens are having babies, fewer Black babies overall are dying before their first birthday. In 1995, 9,118 Black babies died before their first birthday, for a rate of 15.1 deaths per 1,000 live births, compared with 15.8 deaths per 1,000 in 1994—a 4.4 percent drop.

Despite this decline, the mortality rate for Black babies remains 2.4 times the rate for White babies (6.3 in 1995), the same ratio as throughout the 1990s and far higher than in earlier decades.

"We have a long way to go," says Milton Kotelchuck, Ph.D., professor of maternal and child health at the University of North Carolina at Chapel Hill. "The gap in infant mortality between the Black and White community remains unacceptably large."

Improving Black women's access to health insurance is a key to bridging the gap and bringing Black infant mortality rates down further, asserts Kotelchuck. "We don't have total equity in health care between the Black and White communities," he says. "The African American community has additional experiences related to race and income that play a role in whether they have access to quality services."

### Prenatal care increases

One reason more Black babies are surviving their first birthday is that more women are receiving early prenatal care, according to Kotelchuck. The percentage of Black mothers receiving timely care dipped slightly during the 1980s, but has risen 17 percent since 1989. Black women of all ages still are less likely than White women to receive prenatal care.

In 1995, 70.4 percent of babies were born to Black women who received early prenatal care, up from 68.3 percent in 1994. This is the first time since 1980 that the proportion of infants born to Black women receiving early prenatal care has surpassed 70 percent. And only 7.6 percent of babies were born to Black women who received late or no prenatal care, down from 8.2 percent in 1994.

Teens of all races are least likely to receive early prenatal care. While the proportion of Black teens ages 15 to 19 receiving early prenatal care increased in 1995, it remained shockingly low. According to NCHS, in 1995 only three out of five—60.7 percent—of Black teen mothers received prenatal care during the first trimester. In 1995, 9.1 percent of Black teen mothers received prenatal care only in the last trimester, or no prenatal care at all, down from 10.1 percent in 1994.

### Low birthweights decrease

With more Black mothers receiving early prenatal care, the percentage of Black babies born at low birthweight (less than 5 pounds, 8 ounces) is declining. In 1995, 17,356 Black babies were born at low birthweight—13.0 percent— compared with 13.2 percent in 1994, continuing a downward trend observed since 1992 (see Figure 1, page 18).

Most of the improvement in low birthweight was in the moderately low birthweight range (between 3 pounds, 4 ounces, and 5 pounds, 8 ounces). The proportion of Black babies born at very low birthweight (less than 3 pounds, 4 ounces) was essentially unchanged in 1995 at 2.97 percent.

Much of the disparity between Black and White low-birthweight rates is caused by the much higher incidence of preterm births (less than 37 weeks of gestation) among Black mothers (17.7 percent compared with 9.7 percent for White mothers). However, even full-term Black babies also are more likely to be born at low birthweight. For example, for 1995, as in previous years, the low-birthweight risk for Black babies born at term, between 37 and 41 weeks after conception, was more than twice that of White infants (5.5 percent compared with 2.5 percent).

"There is no simple answer to what's causing the gap between the Black and White community," says Kotelchuck. Researchers, he says, must focus on what differences—other than lack of access to health insurance and equity of services—may be causing the gap.

"Sexually transmitted diseases and nutritional consumption may be playing a role in Black low birthweight and infant mortality," he explains.

Rates of infant mortality and low birthweight for Hispanic women may be instructive when it comes to figuring out what differences are causing the gap, says Kotelchuck.

In 1995, 4,147 Hispanic babies died before their first birthday, for a rate of 6.1 deaths per 1,000 live births—less than half that of the Black rate. Of the babies born to Hispanic women, 6.3 percent were at low birthweight—less than half that of the Black rate.

The rates for Hispanic women suggest that even though health insurance for low-income women is critical, other factors also may contribute to infant mortality and low birthweight, says Kotelchuck. "The gaps we're seeing may be due to *very specific* community experiences, such as the quality of food or health care habits," he says. "Something we're doing is right, but it's not enough to reduce the gap," he says. "We need to figure out the characteristics unique to the Black community and then put extra resources into those areas where the differences lie."

## Edelman's column now on Web

Marian Wright Edelman's weekly column, "Child Watch," which is published regularly in Black newspapers, is now available on CDF's Web site: http://www.childrensdefense.org.

# One step for children

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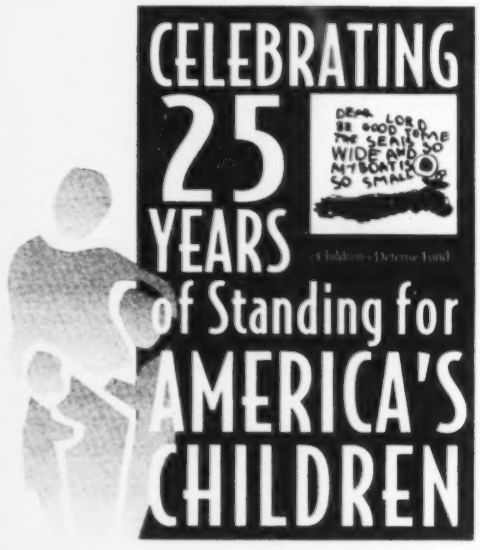


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Child care is CDF's 1998 priority and after-school activities for children are one of its four key components (see page 5)

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Children's Defense Fund

# CDF Reports

Marian Wright Edelman, President

November 1997
Volume 18, Number 12

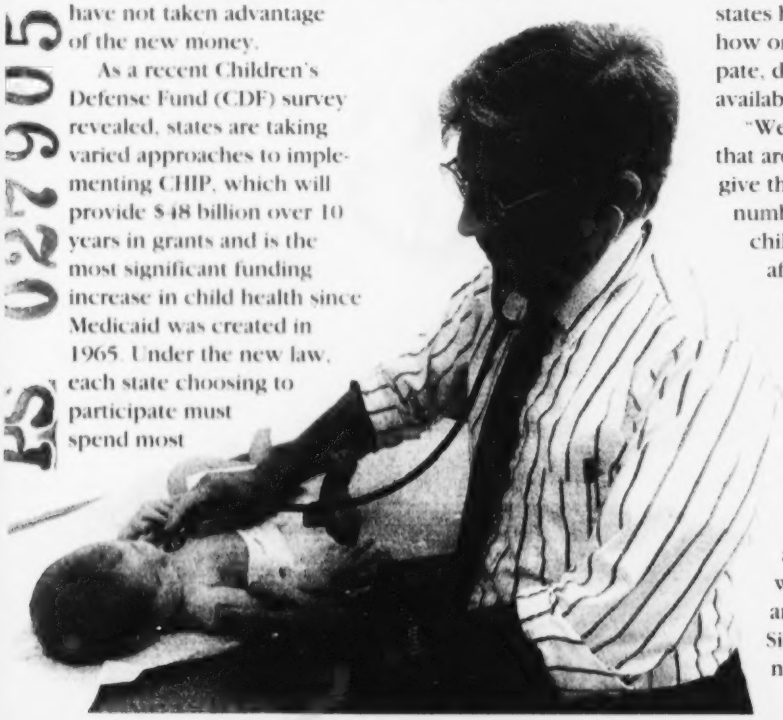
## State Child Health Insurance Program

# Giving children a Healthy Start

With more than $4 billion in federal funding available in the fiscal year that began Oct. 1 to help states provide health coverage to uninsured children under the new State Child Health Insurance Program (CHIP), a number of states have moved quickly to extend health insurance to children, but others still have not taken advantage of the new money.

As a recent Children's Defense Fund (CDF) survey revealed, states are taking varied approaches to implementing CHIP, which will provide $48 billion over 10 years in grants and is the most significant funding increase in child health since Medicaid was created in 1965. Under the new law, each state choosing to participate must spend most of its grant to cover uninsured children with family incomes too high for the state's previous Medicaid eligibility but too low to afford private family coverage.

CDF gathered information on actions taken through November 14 by 37 states, including the 10 states with the largest number of uninsured children.



According to the findings, California became the first state to enact a new child health insurance program when state lawmakers in September approved the "Healthy Families" initiative. Other states have proposed expanding Medicaid, or combining Medicaid with a new state child health plan. On the other hand, some states have not indicated how or if they will participate, despite the immediate availability of funding.

"We applaud the states that are moving rapidly to give the largest possible number of uninsured children comprehensive, affordable health coverage," says CDF President Marian Wright Edelman. "We hope that other states join these leaders in taking steps to cover as many uninsured children as possible, as quickly as possible, with broad benefits and affordable plans. Sick children denied necessary health care

(See page 2)

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*by Marian Wright Edelman*

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## Giving children a Healthy Start

*(Continued from page 1)*

for even a few months can suffer irreversible, lifelong harm. There is no excuse for inaction."

## California and Connecticut in the lead

As *CDF Reports* went to press, California and Connecticut were the only states that had adopted new programs under CHIP. California's Healthy Families plan creates a non-Medicaid program covering children under age 19 in families with incomes up to 200 percent of poverty ($26,660 for a family of three). To complement this new program, California has also expanded Medicaid to cover all children with family incomes up to the federal poverty line, meaning that low-income teenagers are now eligible. Officials plan to enroll about 600,000 of the state's 1.6 million children who lack health coverage.

Families enrolled in Healthy Families, which begins on July 1, 1998, will contribute monthly premiums of $4 and up per child based on their choice of health plan and their income level. The health benefits package is based on the health insurance benefits that state employees receive and includes dental and vision coverage. In addition, some children with very serious disabilities will receive additional coverage for mental health and substance abuse services.

While it is encouraging that California acted quickly, its plan does not provide children with a full range of benefits, and its monthly premiums may pose a hardship for some families.

On Oct. 30, Connecticut became the second state to enact a new child health law. Connecticut enacted an expansion of Medicaid to cover children up to age 18 in families with annual incomes up to $24,605 (185 percent of poverty for a family of three) and a new program—HUSKY (Health Insurance for Uninsured Kids and Youth)—for children whose families have annual incomes between that amount and $39,900 (300 percent of the poverty level for a family of three). A supplemental program, HUSKY Plus, gives newly covered children with special health care needs additional services not covered under HUSKY's commercial-type health insurance.

The new programs are scheduled to begin on April 1, 1998. "Every child should have a doctor and access to good medical care," says Gov. John G. Rowland (R). "No parent should have to worry about whether their child has access to medical insurance."

## South Carolina expands Medicaid

On Oct. 1, South Carolina expanded its Medicaid program to cover children up to age 19 in families with incomes up to 150 percent of poverty ($19,950 for a family of three). Previously Medicaid coverage in South Carolina for children ages 1 to 19 was available only for families with incomes at or below 133 percent of the poverty line. This encouraging development means that South Carolina children can now have the full range of health services they need at low cost, says CDF Health Director Stan Dorn.

States should strive to follow South Carolina's lead and quickly expand their Medicaid programs, he suggests. Medicaid's comprehensive benefits package, which is tailored to children's needs, requires regular health screenings, treatment of health problems, and necessary dental, vision, and hearing care.

New Mexico, too, is moving aggressively to expand Medicaid by using its CHIP funding to provide Medicaid coverage (currently at 185 percent of the poverty line) to children whose families are at or below 235 percent of the poverty line ($31,255 for a family of three).

Idaho, Massachusetts, Missouri, Ohio, Oklahoma, and Wisconsin also plan to build on existing Medicaid programs. Missouri is proposing a far-reaching expansion to include all children up to age 18 in families with incomes at or below 300 percent of poverty.

Another piece of good news is that child advocates in Pennsylvania recently persuaded Gov. Thomas Ridge (R) to commit to using the state's full allotment of new federal CHIP funds. Under the state's existing health program for low-income children who do not qualify for Medicaid, families with incomes up to 185 percent of the poverty line receive full assistance to cover their monthly child health insurance premiums. Families with incomes between 185 percent and 235 percent of poverty ($31,255 for a family of three) receive partial help. Gov. Ridge has submitted a plan proposing to expand this program and is covering children formerly on the CHIP waiting list in anticipation of its federal grant.

## Some states slower to act

Many of the 10 states with the largest number of uninsured children, including Florida, Georgia, Illinois, and Texas, have not yet announced their plans. Florida Healthy Kids already covers children with incomes too high for Medicaid in many Florida counties, and it is likely that federal funds will be used to expand or improve it, according to Dorn.

Arizona, Kansas, Louisiana, North Carolina, Virginia, Washington, and West Virginia, among other states, have done little more than establish advisory groups to explore implementation options. States that have not submitted plans to the Department of Health and Human Services so they can begin receiving funds still have time to do so, but could forfeit their 1998 dollars unless a plan is submitted by July 1, 1998.

**"We want states to be thoughtful about how they can best serve the needs of children who lack coverage."**

Advocates should urge state lawmakers to enact child health plans that include comprehensive services for as many children as possible at no or little cost to families, Dorn says. While it is important for policy makers to design effective and comprehensive long-range plans that fit the needs of families in their states, Dorn adds, any delays in implementing the new program hurt children.

"We want states to be thoughtful about how they can best serve the needs of children who lack coverage," explains Dorn, "but every day that goes by without a state child health program means more children with ear infections are going untreated, more children with vision problems won't be able to see the blackboard, and more children suffering from asthma won't get the medication they need."

*For a copy of CDF's survey, State Implementation Actions, visit CDF's Web site at www.childrensdefense.org or call the Field Division at 202-662-8787.*

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CDF Reports

*CDF Reports* (ISSN: 0276-6531) is published monthly by the Children's Defense Fund, 25 E Street NW, Washington, DC 20001, 202-628-8787. Year subscription rate: $29.95. For change of address, please include your old mailing label with your new address. Write to the managing editor for permission to reprint any part of this publication. The Charles H. Revson Foundation provides support for all CDF publications.

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# A Voice for Children

*by CDF President Marian Wright Edelman*

## After-school activities a must

Georgia and Michael Stetson of Columbus, Ohio, both 32, are a married couple with two children—one of school-age—and, between them, make $35,000 a year. Eleanor Booze of Decatur, Ga., is a 41-year-old single mother raising a 12-year-old daughter on $50,000 a year.

What do these working parents have in common? Like so many, they need somewhere for their children to go after school.

Parents' need for high-quality, affordable after-school activities crosses lines of age, income, marital status, gender, and geography. Regardless of these circumstances, parents want their children to be safe, in the company of caring adults, insulated from bad peer influences, and engaged in productive activities (see Special Report, page 5).

Georgia and Michael only found care for their son Michael, 6, after months of searching. While they feel fortunate to have found a quality program, the cost is stretching an already-tight budget.

Eleanor was able to pay a little more for an after-school program. But she didn't have time to pick up Danielle, 12, from school, drive 30 minutes to the after-school project, and then return to work. Fortunately, she found an after-school program operating right at Danielle's school.

So many working parents face the same dilemmas every day. There are about 24 million children ages 5 to 14 in America with a working parent, and typically they spend less than two-thirds of the time their parents are working in school.

Even mature children benefit from constructive, organized after-school activities with improved school performance and stronger social skills.

**We all learned the saying that idle hands are the devil's workshop. Today, the economy gives many parents little choice about working, so we have to renew our efforts to occupy our children's hands with constructive activities.**

The number one substitute for good after-school programs is television. When children watch more than three hours a day, as many do, negative outcomes—including less reading and more aggressive behavior—are increasingly likely. Studies also have revealed that latchkey children are at much greater risk for truancy, stress, poor grades, risk-taking behavior, and substance abuse. Children who spend a lot of time on their own and who begin taking care of themselves at a very young age face even greater risk. So it's not surprising that juvenile crime peaks between 3 p.m. and 8 p.m., and that it *triples* from 2 p.m. to 3 p.m., the hour when schools usually let out.

We all learned the saying that idle hands are the devil's workshop. Today, the economy gives many parents little choice about working, so we have to renew our efforts to occupy our children's hands with constructive activities. As a nation, we need to help parents by investing in quality after-school activities that give children positive alternatives to television, drugs, alcohol, too early sexual activity, possible pregnancy, gangs, and idleness. While many states, cities, and communities have done an excellent job of caring for children after school, we need to do more, and we can do more. Our children can't afford to wait.



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# Child poverty rate alarms advocates

The number of children living in "extreme poverty"—below half the federal poverty line (or $6,258 for a family of three)—rose in 1996, according to figures released by the U.S. Census Bureau in late September. Data also revealed a worsening plight for Hispanic children, who are now the most likely group to live in poverty, and for children from working families.

Because of a strong economy, advocates had hoped for a decline in child poverty, but the overall 1996 rate was not significantly better than the previous year's (20.5 percent in 1996 versus 20.8 percent in 1995). This means that in the United States more than one out of five children, or 14.5 million under age 18, are still poor.

"In the fifth year of economic recovery, our children deserve a fair share of the fruits of economic growth, but they are being denied it," says CDF President Marian Wright Edelman. "Many claims have been made about families who have left welfare for jobs. While far too little is known about their children's well-being, the new data warn us that many are failing to rise out of poverty and, even worse, some are losing their health coverage as well." (see box below).

## More children living in "extreme poverty"

The new statistics show that the average family income for the one-fifth of the population with the lowest income dropped 1.8 percent in 1996, and the number of "extremely poor" children increased from 6.0 million in 1995 to 6.3 million in 1996.

This is discouraging because even though average income for families in the middle and top fifth of the population rose (by 1.5 percent and 2.2 percent, respectively), the poorest families were left behind, says CDF Family Income Director Deborah Weinstein.

## Black children no longer the poorest

For the first time since the Census began collecting this information in 1973, Hispanic children replaced Black children as the most likely to live in poverty. Child poverty rates for Hispanic children increased to 40.3 percent in 1996, up from 40.0 percent a year earlier.

The bright spot on the horizon showed Black child poverty declining for the third year in a row (39.9 percent in 1996). However, says Weinstein, it is important to remember that the rates for Black and Hispanic children are three times higher than for White children who are not of Hispanic origin (11.1 percent). For 1996, the rates for Asian and Pacific Islander children were unchanged.

## Ranks of working poor swell

According to the Census Bureau figures, 1996 saw record-breaking numbers of working poor families with children. In 1996, more than 3.6 million poor families with children were headed by someone who worked at least part of the year. In 1975, the first year for which these figures are available, that figure was less than 2.3 million. The proportion of poor children living in families where someone worked has risen dramatically—to 69 percent in 1996, from 61 percent as recently as 1993.

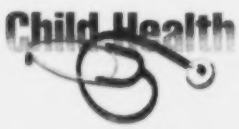
But even a full-time, full-year job at the minimum wage ($10,712 annually) still only supports a family of three at 83 percent of the poverty level. And even though the number of families receiving welfare declined from fiscal year (FY) 1995 to FY 1996, Weinstein explained that families may be leaving welfare for unsteady, poorly paid employment.

## What advocates can do

As states continue to implement the 1996 welfare law, the crucial question is whether states will make policy choices to lift children out of poverty, says Weinstein. So far, she warned, the growing number of extremely poor children and children from working poor families are troubling indications of movement in the opposite direction.

"Far more aggressive child support enforcement, a boost in the minimum wage to restore its poverty-fighting value, and training to give parents better access to full-time, year-round employment are what children and parents need," Weinstein says. "We need to ensure that aggressive steps are taken to lift working families out of poverty and keep near-poor families from slipping behind."

*For more information on the Census Bureau report, contact CDF's Family Income Division at 202-662-3542.*




## Record number of children lack health insurance

An estimated 11.3 million children under age 19—about 15.1 percent—had no health coverage in 1996, a record high since the U.S. Census Bureau began collecting these data. More than two-thirds of all Americans losing health coverage in 1996 were children.

These alarming new health insurance statistics point to the compelling need for states to implement quickly the new State Child Health Insurance Program (see story, page 1), says CDF President Marian Wright Edelman.

"Children in low-wage, working families with incomes too high for Medicaid—exactly the group targeted by the recent child health legislation—have been falling in ever-growing numbers through the large gaps in the employment-based insurance system," explains Edelman. "We call upon every governor and state legislator to use the more than $4 billion a year in new child health grants to make sure these children get the health coverage they need to grow up healthy and strong."

Special Report

# After-school time

## Children need safe and enriching activities after school, on weekends, and during the summer

When the school bell rings each weekday around three o'clock, experts say it heralds one of the most important times of the day for millions of children. Between the hours when school lets out and their parents return home from work, young people make key decisions about how much studying to do, how much television to watch, and whether to have sex, use drugs or alcohol, or engage in violence—decisions that critically affect their future.

Every week in America, 5 million children and young teens leave school only to spend time at home alone. Without adequate supervision, many while away their out-of-school time watching hours of television (three to four hours a day is the average for a 10-year-old), playing video games, or "surfing" the Internet if they have a computer. Some engage in risky behaviors like drinking, using drugs, and having sex. Others choose to hang out on the street and get into trouble with the law. In fact, a new study based on FBI arrest statistics reports that juvenile violent crime *triples* in the hour that school lets out. Juvenile violent crime peaks generally between 3 p.m. and 8 p.m.

Photo © Skjold Photo

Parents and advocates acknowledge growing concern about children's well-being after school. Three out of five parents of school-age children work, and in 1991, there were almost 36 million children between the ages of 5 and 14 in the United States. But, only 1.7 million of these children were enrolled in before- and after-school programs, according to the National Study of Before-and After-School Programs. These numbers illustrate a growing gap that has only been partially addressed by community groups like Boys and Girls Clubs, 4-H, and the YMCA.

"Prevention is the name of the game," says Michelle "Mickey" Seligson, executive director of the National Institute on Out-of-School Time, or NIOST (formerly the School-Aged Child Care Project), at the Wellesley College Center for Research on Women in Massachusetts. "Children need appropriate adults to relate to and constructive after-school activities that will enhance their growth." Older elementary and middle school children, says Seligson, need flexible programs that allow them to complete homework and pursue sports or other hobbies that will help their transition from childhood to adulthood.

"But after-school care isn't just about a place where children can go to play basketball," she notes. "It's about building relationships, which we know is the critical variable in getting young people to feel good about themselves."

Over the past 20 years, Seligson says society's understanding about the importance of quality out-of-school care for children has increased exponentially, thanks in part to more media attention. Parents and advocates have mobilized and successfully increased funding for

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after-school programs at state and local levels. By 1991, 50,000 before- and after-school programs were in operation at schools, according to a 1993 U.S. Department of Education study. And there are thousands of youth-serving agencies, including nearly 2,000 local YMCAs and more than 2,000 Boys and Girls Clubs, operating after-school programs around the nation, as well as hundreds of religious groups providing quality after-school activities.

"There are so many more programs than before out there for children," Seligson observes, "yet there is so much need. Children whose parents don't have resources, such as time, money, or transportation, and those who live in communities where there are no out-of-school activities, still aren't getting the same advantages as other children.

"We've learned what works with respect to quality out-of-school programs," she says. "Now we need to emphasize the quality and the quantity of programs."

**Parents clamor for after-school care**

Approximately 24 million children between ages 5 and 14 in the United States live in families where parents work. About one-third are latchkey children, according to Seligson. Parents' reluctance to report that they leave their children alone makes exact figures unavailable. Older children are much more likely to spend time on their own than younger children. Data from the 1990 National Child Care Survey (NCCS) indicate that less than 5 percent of children under age 8 regularly care for themselves, compared with nearly 35 percent of 12-year-olds.

CDF Assistant General Counsel Kim Wade says, "These numbers are disturbing for children and young teenagers regardless of age. They all need to be in safe and caring settings when they're not in school or with their families."

More parents than ever are seeking after-school care for their children, says Seligson. A 1996 *Washington Post* article reported that large numbers of parents were asking the Washington, D.C., school system for transfers to schools with after-school programs. More school districts, such as Los Angeles (see story, page 11), San Antonio, and Springfield, Mo., now keep some or all of their elementary and middle-schools open for programs run by the school, 4-H, the YMCA, and other groups. And a few states such as California, Indiana, Hawaii, Georgia, and North Carolina have developed broader initiatives.

Slightly more than half of the adults surveyed in a recent Public Agenda study said that greater reliance on volunteer organizations like Boy Scouts

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## Parents' checklist for an after-school program

Finding high-quality, supervised before- and after-school care can be frustrating for parents because not enough good, affordable programs exist. Child Care Aware suggests that parents explore all kinds of child care options, including family-based care, centers, school-based programs, or activities offered through the YMCA, YWCA, scouts, religious organizations, and other institutions. Child Care Aware, a partnership of the National Association of Child Care Resource and Referral Agencies, the Child Care Action Campaign, and the National Association for Family Child Care, offers this advice for parents choosing before- and after-school care:

✔ **Visit several programs.** If the facility doesn't offer activities that you can observe, ask for references. Does the environment look safe? Do the staff enjoy interacting with the children? Are there other children your child's age? Do the activities fit your child's interests and abilities?

✔ **Ask the right questions.** Do all of the caregivers have first aid, CPR, and child development training? Are their discipline policies compatible with your philosophy? Are children able to choose among activities? How well do the caregivers understand child or adolescent development? How will they encourage your child's independence and help build self-esteem?

✔ **Count.** Be sure that there are enough adults to supervise children during all activities. The National Association for the Education of Young Children (NAEYC) recommends, for example, that there be one caregiver for every 10 to 12 children who are 6- to 8-years-old. There should be one caregiver for every 12 to 14 children ages 9- to 12-years-old, NAEYC says.

✔ **Check.** How long has the program been in operation? What percentage of children return each fall? Is the program certified or accredited by a professional association? Check references from parents whose children have attended in the past.

✔ **Be informed.** Find out about efforts in your community to expand and support before- and after-school child care options. For more information, contact the Child Care Aware parent information line, 1-800-424-2246. Once a child is enrolled in after-school care, parents should visit the program regularly.

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and Girls Scouts in the after-school hours and more flexible work schedules for parents would be effective in keeping children on track (see September 1997 *CDF Reports*).

The 1996 welfare law, which contains work requirements for parents and lifetime limits on assistance, is likely to create even more demand for after-school care, says CDF Child Care Director Helen Blank. While the law does not sanction parents of children age 6 and under for not meeting work requirements if they cannot find child care, there is no such stipulation for parents of children older than 6. Blank notes, "A parent of a 7-year-old who has to go to work but can't find quality, affordable after-school care may end up leaving that child home alone. That child's safety then will be in jeopardy."

Some states—like Illinois—are rightly acting on their own to assure that low-income working parents will have help in paying for child care, adds Blank (see the October 1997 *CDF Reports)*. But others are using their child care funds mostly for parents moving from welfare to work. While child care assistance is a great incentive to moving parents off welfare into work, Blank says, it is also one of the best welfare prevention strategies. "Child care assistance for low-income families can be the key to keeping families working," says Blank. "If parents can't pay for child care, they'll have no choice but to quit work and go on welfare or to leave their children by themselves," says Blank. "Either way, children will lose out."

### After-school care hard to find and afford

For many parents, high-quality, affordable after-school programs are hard to come by. Take, for example, Georgia and Michael Stetson of Columbus, Ohio.

To make ends meet, the Stetsons, both 32, work full-time. Georgia Stetson is a life insurance specialist, while her husband is in sales at CompUSA. They need after-school care that is not only "comfortable" for Michael Jr., 6, but also has a program with hours that fit their work schedules.

There were several child care options to choose from, but the quality varied, she says. "I believe in consistency with children. But I couldn't find any programs that were consistent in quality."

Cost was another problem, given the family's $35,000 combined annual salary. Fortunately, after months of looking, the Stetsons qualified for care at a reduced fee through a local United Way agency, which provides after-school care. "I feel so lucky to have found a good quality program that's close to our house," she says.

Grateful as she is to have found care for her child when school lets out, Mrs. Stetson says even the reduced cost eats up a significant portion of the family budget. "I have to take it paycheck by paycheck," she says. "Paying $40 a week for care for one child—that's a lot for people struggling and trying to make it."

### Caring for middle-school students in Georgia

Parents find it particularly difficult to locate suitable after-school programs for middle-school age children who are not ready to be left unsupervised but who are not happy in traditional child care options. Many child care centers don't even offer care for middle-school students because it's not profitable, says Anne Bramlette, executive director of the Georgia School Age Care Association (GSACA).

"If it looks like babysitting where little kids go, and if their friends get to go home, then middle school students don't want to be there," says Bramlette. "Young people at this age have an increasing interest in their own self-reliance and an increasing interest in their future. It's important at that age that we nurture that interest and help children make a successful transition to adulthood."

A GSACA parent survey, coupled with an increase in juvenile violence during after-school hours, convinced the Georgia General Assembly to start addressing the way children spent their out-of-school time. Beginning in

**"If it looks like babysitting where little kids go, and if their friends get to go home, then middle school students don't want to be there. Young people at this age have an increasing interest in their own self-reliance and an increasing interest in their future. It's important at that age that we nurture that interest and help children make a successful transition to adulthood."**

Fiscal Year (FY) 1993, the assembly agreed to fund The 3:00 Project, an after-school program for sixth- through ninth-graders, which has activities centered around community service, academic enrichment, socialization and recreation, and communications skills. The state added $1 million this year for school-age care.

For example, young people can choose to help deliver Meals on Wheels, clean up school grounds, or help at a food bank. Tutoring and homework help are available. Young

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people have time set aside for socializing and playing sports. And the frustrations often voiced by young people—for example, disagreements at school—are regularly addressed in discussions about conflict resolution and peer mediation.

"We've set the program up to look nothing like child care," says Bramlette. "The young people get to decide what they want to do. The staff act as facilitators, not directors."

Photo © Terrie Watch/The 3:00 Project

*Young people in The 3:00 Project, like these at Renfroe Middle School in Decatur, Ga., are given a chance to play games and socialize.*

There are now 15 sites in nine cities, serving about 1,000 children between ages 10 to 14. Each site is based at a local school. The activities are run by a variety of providers, such as the recreation department, YWCA, or the school itself. Some of the sites are free, while others charge a reduced fee of about $25 a week.

Eleanor Booze of Decatur, Ga., is very pleased with The 3:00 Project. An elementary school principal, Booze has meetings, parent conferences, and events to attend after school lets out and can't just leave for the day and go home with her own daughter, Danielle. Leaving 12-year-old Danielle home alone was never an option.

"I can't finish my work when I'm worrying about whether she's doing what she needs to be doing and is safe," says Booze. "The program gives me the security of knowing she's being taken care of while engaging in something productive." At The 3:00 Project, Danielle has time to practice her clarinet, do her homework, and socialize with her peers while developing new skills. She has volunteered at the local Ronald McDonald house. Her schoolwork also has improved, says Booze.

Booze, who makes $50,000 a year, had enrolled Danielle in another after-school program last year, but it was expensive, she says, and located too far away. At The 3:00 Project, she pays about $29 a week for Danielle's care.

Photo © Terrie Watch/The 3:00 Project

*There's time for homework and tutoring help is available at The 3:00 Project.*

"It would be difficult if I didn't have the program," says Booze, a single parent. "All of my relatives work, so nobody else can take care of her."

**Building community collaborations**

Encouraging entire communities to become involved in caring for children when they're not in school is essential, says Wade. Schools, youth-serving agencies, labor unions, businesses, law enforcement, religious organizations, service providers, and parents all must do their part to keep children safe and in enriching surroundings after school.

However, communities often need help putting all the pieces together, says Seligson (see story, page 12). Funding also is critical, advocates say. "You can't expect to open a program and pay for it fully by selling spaces to parents," says Bramlette.

To close the gap between program costs and affordable parent fees, funding should come from as many sources as possible, adds Bramlette. "Having state funding leveraged foundation dollars [from four private foundations]," she says. "We couldn't have done one without the other."

There are other ways to secure funding for out-of-school programs at the state and local levels. Georgia officials, for example, have been persuaded by GSACA to set aside a significant portion of quality funds from their Child Care and Development Block Grant (also known as the Child Care and Development Fund) for quality after-school activities.

A creative funding strategy was developed in Pima County, Ariz., where juvenile crime was rising during the after-school hours. "Parents kept telling me that they were really worried about what their children were doing after school," says Penelope Jacks, director of Success by 6 Southern Arizona. "They'd wonder if their child had made it home on the bus, or if they were vulnerable to

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unsavory influences. There was a general feeling that having a 9-year-old home alone for three hours was unhealthy. Parents said their work productivity went down dramatically after three o'clock when they'd start worrying about their children."

In 1995, Jacks and a bipartisan coalition of 38 volunteers including senior citizens, doctors, and social workers launched The 1% for Kids Campaign. The goal was to have 1 percent of the county's annual general revenue fund be allocated toward after-school care. "We were looking for ways that local governments could be more responsive, what with devolution," says Jacks.

After two and a half years of working with county and city officials, the Success by 6 Southern Arizona committee won when the Pima County Board of Supervisors in April adopted an ordinance that will, over four years, phase in the 1 percent for kids. When the ordinance is fully implemented, it will provide approximately $3 million more than the county currently spends for children's programs. The City of Tucson also informally agreed to phase in new funding as well, which will also increase to 1 percent of its general fund over the next four years—amounting to $3 million more.

This summer, the first batch of city and county funds was allocated for summer vacation and after-school programs. The new money was used to fund summer jobs programs, extend hours at already existing programs, and create new programs. The bulk of the money, which went into the parks and recreation department, wiped out the waiting list, enabling every child to attend a free program this past summer.

"The parents are delighted," says Jacks. "It was well worth the effort."

**What parents and advocates can do**

The care of children during nonschool hours has recently received greater national attention. In late October, the Clinton Administration gathered 200 advocates and policy makers in Washington, D.C., for a daylong White House conference on child care in which out-of-school experiences for children figured prominently. At the conference, President Clinton proposed four initiatives, including a $300 million program of scholarships to improve the training and raise the wages of child care workers and an increase in Americorps volunteers in after-school programs. He also promised to unveil early in 1998 a broader plan to improve child care across the country.

"Most of the initiatives on out-of-school time have come from the states and local entities. Advocates must always be looking for opportunities to support more quality after-school programs at the state and local as well as the national levels."

State and local advocates should parlay the national focus on school-age care for children into increased awareness in their own communities, according to CDF's Blank. Advocates should highlight quality out-of-school programs in their communities and encourage parents to talk to policy makers about their need for quality after-school options. "Most of the initiatives on out-of-school time have come from the states and local entities," says Blank. "Advocates must always be looking for opportunities to support more quality after-school programs at the state and local as well as the national levels."

Parents also must take responsibility for ensuring their children have quality care. Parents should carefully weigh the risk of leaving a child home alone and, when looking for after-school providers, Wade says, should carefully examine the content of the program and interview the staff (see box, page 6). "Parents can really keep the pressure on providers and policy makers to keep quality high and consistent," says Wade.

Employers also need to be supportive of their employees. Michael Stetson of Columbus, Ohio, believes employers often don't understand how difficult it is for young families. "I wish employers would be a little bit more helpful to make it easier for working parents," says Stetson. "If that were to happen, they'd sure have happier employees." Employers could do so, says Wade, by allowing flextime and providing paid parental leave and networking to available care sites. Larger employers, she adds, should provide on-site care.

At press time, there were a few modest federal initiatives pending that could fund school-age activities, including Sen. Barbara Boxer's (D-Calif.) S.82 to provide schools funds, and the President's proposal in the FY 1998 budget to expand After-School Learning Centers to $40 million. But there is not yet a bold after-school proposal that would begin to serve the millions of children needing care. Wade says a federal initiative should allow for maximum parental choice at the local level between a range of high-quality, affordable after-school options for their children. Reauthorization of the Child and Adult Care Food Program—with changes that would allow more programs serving school-age children up to age 18 to provide meals and snacks—will enable more school-age children to receive nutritious meals and will attract them to positive after-school activities.

"Parents are trying to take responsibility for their children while they work," says Wade. "But they need real choices that fit their children and the family."

# Freedom Schools nurture children year-round

For the past four summers, young people in communities around the country have been able to read books that reflect a wide variety of cultures and experiences, connect with college-aged role models, and enjoy enriching activities through Freedom Schools. This fall, in a promising new initiative, students in three of those communities will continue their Freedom School experience after school.

Freedom Schools are a collaborative venture between community-based organizations and CDF's Black Community Crusade for Children (BCCC). Located in churches, schools, and neighborhood centers in low-income rural and urban communities, Freedom Schools serve children ages 5 to 18 for six to eight weeks in the summer. Staffed primarily by college-aged adults, or servant-leaders, Freedom Schools also focus on the leadership development of a successor generation committed to work on behalf of children. This past summer, the schools served more than 2,000 children in 28 sites in such communities as Bennettsville, S.C.; Kansas City, Mo.; Oakland, Calif.; and New York City.

"Parents found that their children were making incredible gains during their summer learning," says Freedom School Director Julienne Johnson. "For years, they have been asking us for a program that their children can attend year-round." The year-round Freedom Schools are being piloted at sites in the District of Columbia, Dallas, and Minneapolis. The curriculum will be available for purchase by fall 1998.

> "We want to be sure that our children know that we believe in them and that they are connected to caring adults and nurturing communities."

Like the summer Freedom Schools, the activity-based after-school curriculum stresses love of reading, strategies for conflict resolution, and issues for social action. Monthly themes will emphasize the ways children can make a difference in their own lives, family, community, country, and the world, as well as promote cultural and historical awareness. Children will have the opportunity to take books home to start or add to their libraries. Parents and community leaders will continue to be involved in the program through workshops and by volunteering their time.

Additionally, Freedom Schools will introduce new topics more seasonal in nature including Kwanzaa and Black History Month while providing homework and tutoring support. The program will operate during normal after-school hours.

"If the initial enrollment is any indication, we are meeting an important need in the lives of children and families," says Johnson. "We want to be sure that our children know that we believe in them and that they are connected to caring adults and nurturing communities. Year-round Freedom Schools are a way to ensure success."

*For more information about Freedom Schools, call BCCC at 202-662-3546.*

## Beacons of hope in New York City

In 1990, a task force studying alcohol and drug abuse and crime prevention in New York City recommended that young people be given more positive activities to participate in after school. The next year, as part of the Mayor's Safe Streets, Safe City program, city officials initiated Beacon Schools.

Open 13 to 14 hours a day, six or seven days a week, Beacon Schools provide young people of all ages with recreation, social services, educational opportunities, vocational training, health education, and social activities. They are developed and managed by community-based organizations (such as the Rheedlen Centers for Children and Families, also home of the eastern regional office of the Black Community Crusade for Children), which bring even more resources to the table.

Currently, 40 Beacon Schools serve 60,000 children and young people and about 15,000 parents citywide.

"It's working well," says Michele Cahill, director of the Fund for the City of New York's Youth Development Institute. "The schools are giving young people the support they need and opportunities to develop in positive ways."

*For more information about Beacon Schools, call 212-925-6675.*

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# Keeping children safe from gangs and violence in L.A.

*Children in low-income neighborhoods are especially vulnerable to being victimized by gangs, drugs, or violence. To increase their safety, give them constructive activities, and provide positive role models, elementary schools in Los Angeles have opened their doors after hours through two different initiatives: LA's BEST and 4-H's ASAP.*

In 1988, the Mayor's Office, the Community Redevelopment Agency/ City of Los Angeles, the Los Angeles Unified School District, and the private sector teamed up to create LA's BEST, a free after-school program that gets young people in low-income neighborhoods active in art, music, sports, science, and dance, boosting their grades and dramatically lowering school-related crime.

Now 5,000 students—from kindergarten through sixth grade—are enrolled in LA's BEST. At 2:30 p.m. each weekday, the 24 elementary schools participating in LA's BEST become recreation centers for children in families receiving cash assistance, as well as for young people who live in families where at least one parent works.

"The urban poor want the same opportunities for their children as everybody else," says program director Debe Loxton. "We try to focus on activities that may have been cut in school budgets that parents might not be able to afford on their own."

Nutritious snacks are provided for each student, and tutoring and homework help are available. Students are supervised by elementary school teachers who stay after school to help, college students who are in the process of getting a teaching certificate, and high school students. Parents also frequently volunteer and go on LA's BEST field trips.

Photo © Maury L. Phillips/LA's BEST

*Young people involved in LA's BEST can work on their homework after school with the help of caring adults.*

"We use those opportunities to help parents better communicate with their children," says Loxton. "It gives them quality time with their children in positive settings."

LA's BEST is yielding excellent results. A three-year, independent study by the University of California at Los Angeles revealed that children participating in LA's BEST had better grades than comparable students not in the program. Students interviewed said they liked school more and felt safer. In addition, an analysis of reported school crime incidents between 1987 and 1995 at the 19 longest-running LA's BEST programs, found a 57 percent reduction in crime.

"We're trying to catch children early and teach them how to use their leisure time productively so they'll be better prepared as adults," says Loxton. "If you give children fun things to do, they'll blossom."

For California children living between the San Fernando and San Pedro valleys and from Santa Monica to East Los Angeles, the 4-H After-School Activity Program (ASAP) is helping keep safe more than 1,200 young people ages 7 to 13. Caring, trained adult leaders and volunteers supervise homework and direct activities that encourage teamwork, healthy living, and exposure to positive attitudes and new ideas.

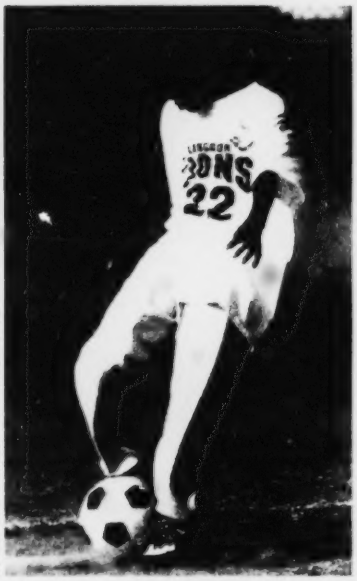

Photo © Maury L. Phillips/LA's BEST

*Sports and other outdoor activities are integral to LA's BEST.*

The results of ASAP also have been outstanding. More than 85 percent of parents surveyed credit ASAP with keeping their children safe from gangs. These same parents also see more responsible attitudes in their children, and 83 percent note improvement in their 4-H'ers interest in school.

*For more information on LA's BEST, call 213-625-4024. For more information about 4-H ASAP, call 213-744-4869.*



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# Increasing community collaborations

One barrier to quality after-school care for children arises when communities don't know how to build or maintain partnerships or create quality programs, says Michelle "Mickey" Seligson, executive director of the National Institute on Out-of-School Time (NIOST).

"Many communities have a lot going for them but the absence of communication across different entities results in people not knowing children's needs and how much more needs to be done," says Seligson.

To increase community collaborations, Seligson and others developed the MOST Initiative (Making the Most of Out-of-School Time), a four-year, $6.5 million program that was funded in 1994 by the DeWitt Wallace-Reader's Digest Fund. MOST began in three cities—Boston, Chicago, and Seattle—in 1995.

In Chicago, MOST staff is finding unique ways to identify after-school programs, establish strong relationships within communities, and train providers to build quality activities for children. For example, Chicago MOST sponsors a series of neighborhood open houses to introduce school-age care providers to one another, offer support, and share resources. After attending one such meeting, the Universal Community Methodist-Baptist Church sought technical assistance from MOST to expand and improve its tutoring services for young people.

After-school providers have asked MOST staff for information on how to develop quality programs for children. "We give providers the training and confidence to gain new skills," says Chicago MOST coordinator Leonette Coates, who is based at the Day Care Action Council of Illinois. For example, MOST staff teach providers how best to communicate with children and how to enforce discipline.

Chicago MOST also helps providers apply for grants and makes grants of its own to agencies serving young people ages 5 to 13. One such grantee, the Taylor House, a program of Chicago Commons, was able to refurbish its learning center, giving children a chance to try many new activities such as science.

In addition to teaming up with school-age providers, Chicago MOST partnered with the Chicago Park District. As a result, 41 drop-in recreation centers that lacked an organized structure have been transformed into high-quality after-school programs that now serve 4,000 children.

"MOST has definitely made a difference in the quality of services offered to children," says Coates. "And the children are safer."

*For more information about Chicago MOST, call Leonette Coates, 773-564-8872. For general information about MOST, call 617-283-2547.*

## Rural options after school

Rural communities have their own unique problems to deal with—and assets to rely on—when setting up after-school care.

"Rural communities lack resources, lack programs, and lack things for young people to do," says An-Me Chung, project director at the National Institute on Out-of-School Time (NIOST). "Transportation is also a problem. For a child in a rural area to stay for an after-school program, it often requires parents driving an hour just to pick them up."

To strengthen local resources, the nonprofit organization Save the Children U.S.A. in late 1996 launched its Out-of-School Time Rural Initiative at 12 sites in eight communities in Appalachia, the Southwest, and the Southeast.

The initiative is designed to improve the quality of care in after-school programs, says Chung, whose group provides technical assistance to Save the Children's regional offices. "Many providers have no specialized training, so we're starting from scratch in some cases," she says. "They need information on basic child and adolescent development, and they need resources in order to create quality programs."

On the other hand, "there's a real sense of community in rural areas," says Chung. "They're smaller and close-knit so there's a real feeling of care there."

The training provided by NIOST has been helpful, says Renee Paisano, program specialist for Save the Children's western office in Albuquerque, N.M., which oversees three sites that serve about 650 children. "It gave us a greater understanding of what was needed for children," says Paisano. For example, she says, the trainers suggested to the Navajo community that serving juice and fruit as snacks would better control diabetes, which is prevalent in Indian communities.

"There are a lot of positive aspects in rural areas that urban areas can learn from," says Chung. "People have gotten clever about using the few resources they do have. It's not a transient population so people have been forced to work together. So they do."

*For information about Save the Children's Rural Initiative, call 617-283-3497.*

# Short Takes

## Teens need connections

Parents who maintain a close relationship with their teenagers and who actively steer them in the right direction are also providing protection against risky and sometimes deadly behaviors, according to a recent study.

Researchers who analyzed data from the National Longitudinal Study on Adolescent Health (called "Add Health") found that teenagers who have a sense of connectedness with their parents and teachers enjoy increased emotional well-being, avoid substance abuse, and delay sexual activity. The study, published in the Sept. 10, 1997, issue of the *Journal of the American Medical Association (JAMA)*, also revealed that access to guns in the home was associated with an increased number of suicide attempts and more violent behavior among teens.

The researchers, from the Adolescent Health Program at the University of Minnesota in Minneapolis and the Carolina Population Center at the University of North Carolina at Chapel Hill, analyzed the responses from more than 12,000 young people in grades 7 through 12.

Noting that suicide rates for adolescents ages 14 and under have increased 75 percent over the past decade, the researchers stressed the need to find solutions to diminish the social causes of "more than three of every four deaths in the second decade of life" arising from homicide, accidents, and suicides. Strong parental and social involvement also is key to reversing the trend, the study says.

*For a reprint of the JAMA article by Michael Resnick et al., direct your e-mail request to resni001@tc.umn.edu. For a free monograph, write: Add Health, c/o Burness Communications, 7910 Woodmont Avenue, Suite 1401, Bethesda, MD 20814.*

Photo © Nita Winter

## Father and child reunion

Because the profile of the American family has changed radically over the last 20 years, many fathers have found themselves marginalized. But efforts to involve fathers in their children's lives, regardless of whether or not they live with their children, are finally receiving nationwide attention, according to a new study by the National Center for Children in Poverty (NCCP).

Every state is implementing strategies to promote responsible fatherhood, and now fathers are being actively encouraged not only to support their children financially but also to provide nurturing and guidance as parents. The number of single fathers raising children has more than tripled since 1975, with close to 3 million children in the United States in such families. However, in many instances, poverty, limited education, and insufficient income have prevented fathers from contributing fully to their children's support.

*In Map and Track: State Initiatives to Encourage Responsible Fatherhood*, the researchers suggest that child support enforcement strategies would be helped by efforts to encourage greater paternal involvement in child-rearing and special outreach programs for teenage fathers. In addition, the report says, state welfare policies should permit families to stay together more easily and enhance employment prospects for both fathers and mothers so they can better support their children.

*For more information, contact NCCP, 212-304-7100.*

## Become a TV monitor

The newly approved rules enforcing the Children's Television Act (CTA) specifies that commercial broadcasters must provide a minimum of three hours of educational/informational (E/I) programming each week for children ages 2 to 16. But are children and families finding and watching these shows? Are they on at the right times? Are they truly educational? Most importantly, how can child advocates and parents best hold television executives' accountable?

The good news is that the Federal Communications Commission (FCC), which monitors compliance with the CTA, is actively encouraging parents and advocates to evaluate children's shows, which are labeled on screen and in periodical TV logs as E/I programming. The FCC encourages ongoing feedback from parents and advocates to networks, local stations, periodicals that provide TV listings, and itself.

To help the public voice reactions and suggestions, the Center for Media Education (CME) in Washington, D.C., has created special evaluation materials and published the names and addresses of FCC and network decision makers. CME's "Children's TV Report Card" gives parents a chance to rate E/I programs with grades from A to F, and the "Children's Television Act Tool Kit" contains helpful guidelines and background. The public is also invited to nominate the best E/I show.

Broadcasters have rolled out several new programs to meet the E/I standard, including "Science Court," "The Ghostwriter Mysteries," and "The Adventures of Captain Planet." Be sure to watch these shows with your children and then "grade" them and the other programs appearing with the E/I icons.

*To obtain a "tool kit," call CME at 202-628-2620.*

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**Necessary**

*News from the Black Community Crusade for Children*

# House Parties raise awareness about Black children's needs

Every day more than 5,700 Black children are suspended from public schools in America. That startling fact is what prompted a group of teachers, administrators, and support staff from the Prince George's County, Md., school system to gather on September 26 at a House Party to learn more about the plight of Black children in the United States—and ways they can help. Prince George's, the only majority Black suburban jurisdiction in the country, is struggling to improve its troubled school district.

"You have a gut feeling about how children are treated in this society, but until you take a look at some of the statistics, you don't have a clue how devastating it is for children—especially for African American children," says Linda Lett-Nugroho, a program administrator for the school system. "We realized that the biggest thing that we can do to help children and young people in Prince George's County is to empower them."

Photo © Harlee Little

*District of Columbia First Lady Cora Masters Barry (left) and child advocate Kent Amos (right) "take the cake" at Olympic medalist's Jair Lynch's (center) birthday at a House Party in Washington, D.C.*

The House Party raised more than $600 and inspired guests to meet further to develop approaches for supporting young people in the community, including sponsoring educational field trips and holding more fundraisers for the Black Community Crusade for Children (BCCC).

## Raising funds to support the BCCC

This gathering was one of 70 parties that took place on September 26 as communities across the nation celebrated the third annual National House Party Day. National House Party Day, held each year on the fourth Friday in September, was established in 1995 to recognize the Black community's long-standing tradition of self-help and to raise funds for the BCCC.

The Charles Stewart Mott Foundation has provided a challenge grant of $3 million to CDF to support BCCC activities and begin an endowment for the former Alex Haley Farm, BCCC/CDF's center for spiritual renewal and leadership development. The grant matches each dollar raised by the Black community, so every $1 raised at a House Party yields $2 in support of BCCC's work.

This year's House Parties were incredibly successful, raising more than $80,000 toward the BCCC, says CDF Development Associate Wayne Marshall.

## Being part of the solution

The hosts of several parties this year distributed information provided by the BCCC to help build opposition to S.10, the Violent and Repeat Juvenile Offender Act of 1997. This bill would put children in jail with adult inmates—putting a 1974 law that protects children and putting them at risk for rape, assault, murder, and suicide—and fails to provide needed funding for community-based prevention programs, says Kim Wade, CDF assistant general counsel.

Photo © Michael Riddick

*Rap star Heavy D (left) and comedian Arsenio Hall (right) take a look at one of the derbies up for auction at a House Party hosted by Heavy D at his home in Los Angeles, Calif.*

During a House Party held at the Chicago Athletic Association, for example, more than 150 guests had an opportunity to learn about the dangers of S.10. "A lot of guests read the literature on S.10 and discussed what the bill would mean for our young people," says Scott Montgomery, a television syndicator who hosted the party. "It got people talking about being part of the solution, not the problem."

D'Onica Hodgkin, a student at the University of Missouri-Columbia and a former CDF intern, worked with the school's Panhellenic Council to organize a party on campus. Hodgkin shared CDF and BCCC information about the importance of ensuring that children are safe, healthy, and in nurturing learning environments, and raised more than $750 in contributions.

"Everyone was really interested to find out how they could get involved with CDF and the BCCC," says Hodgkin. "A lot of people are more informed now."

*(See page 15)*

## House Parties raise awareness about Black children's needs

*(Continued from page 14)*

### Celebrities help heighten awareness

Several celebrities asked if they could support the movement to Leave No Child Behind® by hosting their own House Parties. Rap star Heavy D held a private party in his Los Angeles, Calif., home for friends and music industry colleagues. Comedians Martin Lawrence and Arsenio Hall were among those attending the party, which centered around an auction of Heavy's trademark derby hats to raise funds for the BCCC.

> **"You have a gut feeling about how children are treated in this society, but until you take a look at some of the statistics, you don't have a clue how devastating it is for children—especially for African American children."**

Jair Lynch, who became the first Black Olympic medalist in gymnastics when he won a silver at the 1996 Summer Games, hosted a party in the nation's capital at the Washington home of Stewart Mott in conjunction with his 26th birthday. BCCC Working Committee member and Urban Family Institute founder Kent Amos joined the festivities, as did Cora Masters Barry, wife of D.C. Mayor Marion Barry. Together, these parties raised more than $8,000.

Many other House Parties took place in large and small communities throughout the country:

- At the former Alex Haley Farm in Clinton, Tenn., CDF and the BCCC sponsored an early evening gospel concert. CDF President Marian Wright Edelman was the keynote speaker at the event, which drew about 300 community members and raised $7,500 to benefit the BCCC.
- In New York City, a weekend of events brought more than 500 people to the campus of New York University. Evelynne Patterson, associate vice president for the university's Office of Equal Opportunity, and Equal Opportunity Coordinator Cherry Trinidad organized a Black film festival, a buffet prepared by local Black chefs, music and dancing, a bid whist tournament, a raffle, and several dinner parties. The House Party festivities were so successful they will serve as a model for other university communities planning House Parties in the future, Marshall says.
- Monique Glaude coordinated the first House Party ever held in San Francisco. The party featured a gospel concert at the city's Black Repertory Theater.

At small and large gatherings alike, House Parties honored the strong and enduring spirit of the Black community, Marshall says. "It's truly inspiring to see so many people join together to celebrate the important work Black people are doing on behalf of children."

Photo © Steve Morrell

*A young family enjoys an early evening gospel concert at the House Party on the former Alex Haley Farm in Clinton, Tenn.*

*For information on how you can host a House Party in your community on September 25 in 1998 or how you can get involved with the BCCC's mission to Leave No Child Behind, call Wayne Marshall at 202-662-3676.*


## BCCC NOTE CARDS

Order your BCCC notecards today and show your support for the Black Community Crusade for Children.

These all-occasion blank notecards feature lovely sepia-toned images of children by photographer Karen Hudson. The cards are $15 for an assorted set of 12 images. Envelopes are included.

To order, call 202-662-3652, or send payment to:
CDF Publications
25 E Street, NW
Washington, DC 20001

Add $3 for shipping and handling.

(All orders under $25 must be prepaid.)

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# Boosting access to technology helps children and families

Telephones are a necessity for families to find and keep jobs, consult with doctors and teachers, and link to fire and police services. But too many low-income households are without telephone service, according to a new publication from Minnesota KIDS COUNT, a joint project of CDF-Minnesota and Minneapolis-based Congregations Concerned for Children Child Advocacy Network.

Child advocates can help address this problem by promoting awareness of innovative solutions, such as monthly phone service assistance to poor families or electronic voice mail boxes for the homeless, the report suggests.

The report, *Minnesota Children and Information Technology: Challenges for Children's Advocates,* also explores how child advocates can work to improve children's and families' access to computers, the Internet, and other communications technology essential for survival in today's world. It is a user-friendly guide that examines the impact of poverty, literacy, equal access, and safety on children's use of technology.

The publication was prepared by CDF-Minnesota policy analyst **Diane Benjamin,** who is also a member of the Minnesota Department of Human Services task force examining the state's Telephone Assistance Program (TAP).

*For a copy of the report, call Congregations Concerned for Children Child Advocacy Network at 1-888-870-1402 or 612-870-3670.*

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Many parents use the Internet at home, at work, and in libraries, community centers, schools, universities, and other locations. CDF's new Parent Resource Network (PRN) is designed to help parents more easily navigate the World Wide Web and find useful information on everything from selecting a child care provider to building safer communities.

The network provides access to more than 75 Web sites geared specifically to parents. Parents can select from the following topics: adoption and foster care, child care, children with disabilities, child support, education, health and safety, parenting education and skills, violence prevention in communities, World Wide Web/Internet and media help for parents, and parent advocacy.

The PRN features Web sites of organizations with a national presence. The network will expand in 1998 to include a listing of resources in each state. The PRN has been made possible through the generous support of the William Penn Foundation.

*For more information, visit CDF's Web site at www.childrensdefense.org or call Lisa Schock at 202-662-3614.*

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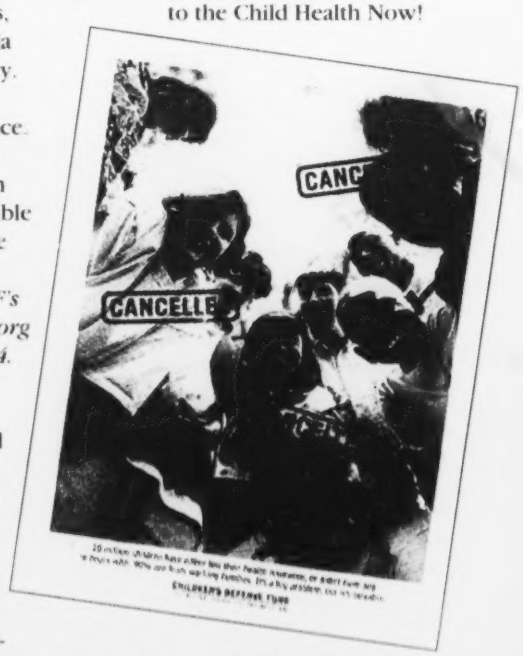
**Pickett Harrington** has joined CDF-Marlboro County, in Bennettsville, S.C., as a program associate. Harrington will coordinate CDF-sponsored summer and after-school programs, help develop a "rites of passage" curriculum, organize local Stand For Children and Children's Sabbaths activities, and plan special events.

*Pickett Harrington*

---

Child Health Now! series posters, designed by CDF's pro bono ad agency **Fallon McElligott** to illustrate the plight of children who lack health insurance, are generating lots of national media attention. Dozens of periodicals have placed CDF's "Cancelled" ads in their late summer or early fall issues, including such high-profile publications as ***U.S. News and World Report, Forbes,*** and ***Time***. Conde Nast Publications has agreed to run the ads in its magazines, which include ***Vogue, Glamour,*** and ***Vanity Fair***. Many African American regional newspapers also have agreed to run the ads this fall.

In September, two prime-time television shows—"**Beverly Hills 90210**" and "**ER**"—lent their support to the Child Health Now! campaign as well. "Beverly Hills 90210" prominently displayed a "Kids in the Huddle/Cancelled" poster (see above) on its hospital set during the second episode of the fall season, which aired on the Fox Network September 17. The same poster was spotted on "ER's" live broadcast premiere, which aired on NBC September 25. "Toothbrush Boy/Cancelled" is scheduled to air on "Beverly Hills 90210" later this fall, as are several of CDF's Spanish-language posters.




Advocates working in their states to ensure lawmakers provide a good health benefits package to children without health coverage (see story, page 1) can still order posters and ad slicks for their own local public education campaigns.

*The posters are $5.95 each plus $2 shipping and handling for the first item and $1 for each additional item. To order, contact CDF Publications, 202-662-3652.*

# Media Tips

*by Lynn Bowersox-Megginson, CDF Director of Communications*

## Promoting smart child health initiatives through the media

From full-page newspaper ads to supportive editorials, the media played a crucial role this past summer in the Child Health Now Coalition's victory for children's health care. Now, as state policy makers try to figure out exactly how to use the new child health insurance block grant funds (see story, page 1), advocates will want to harness the power of the media to guarantee that the maximum number of uninsured children benefit. Here are several practical ideas for getting the word out in your state:

**Op-eds** (opposite the editorial page). Write a 700-word commentary arguing for state policy makers to adopt the best possible approach—whether it's Medicaid expansion or a new child health insurance program—to help the greatest number of children in your state. Submit it to the op-ed page editor or editorial page editor of your local newspaper. Whether the column is written by a parent of an uninsured child, a pediatrician, a child advocacy group leader, or a teacher who sees the policy's effects in the classroom, it should be readily apparent to the reader why the opinion of the individual is an informed one. Beyond writing clearly, concisely, and persuasively, offer statistics, personal insights, and the real-life story of a child without health insurance in your community.

**Talk shows**. Rush Limbaugh and Oprah Winfrey don't have a monopoly on talk shows. Make a list of all radio and TV talk shows in your media market that address families' concerns. Send them a brief letter explaining why implementation of the state child health insurance program is a vital topic that the talk show host can put on the "radar screen," and offer yourself as a guest. Follow up with a phone call to make the pitch directly to the host or the producer. If you don't get on as a guest, monitor the show and call in when health care is discussed. Be persistent—you never know when you'll break through. If you appear as a guest, listen to or watch the show in advance and check beforehand with the booker or producer about its format. You should find out whether the program features a panel of guests, and if so, with whom you will appear. Discover whether the host has a particular ideological bent, and have your facts ready in case you're asked tough questions.

**Events**. Stage a rally at the state capitol building, county administration building, or city hall. Host a children's health fair at a school. Organize a town meeting on children's health care. Whatever you do, design the event to attract media coverage and inform local news outlets about it well beforehand. Identify the newspaper and TV reporters who would cover your event and the TV assignment editor and radio news editor who cover the shift when your event takes place. Inform them of the exact time, date, and location. Fax them a brief media advisory with the same information. If a reporter comes to your event, make sure you have someone available to offer a good interview. Since TV news crews need strong visuals, use eye-catching props to illustrate your point of view.

**Editorial board meetings**. Form a partnership with other child advocates and arrange a meeting with your local newspaper's editorial board. Present information and take questions about your state's child health plan.

**Feature stories**. Identify a family where the children have no health insurance and face a compelling, emotion-grabbing problem, like chronic asthma, that will be relieved if your state makes the right choices. If the parents are willing to tell their story to the media, call your newspaper's health care reporter or feature editor and your TV station's news director and "pitch" the story.

**Letters to the editor**. Whenever your local newspaper provides any coverage about child health insurance, write a letter to the editor in response. In no more than a few paragraphs (300 words), say respectfully whether the reporter, editorial writer, or columnist got the story right or not and assert your views. Activate your allies—health providers, teachers, parents, and other child advocates—to respond as well.

The media are often blamed for society's ills, but it's important to remember that they can also help solve them.

In the fight to pass smart state child health policies, media influence will be invaluable. The key to getting their attention is in providing them with accurate, clear, and persuasive information as quickly as possible. This, in turn, will create an environment where more of the public and more elected officials and policy makers are committed to doing what's right for children.

## Advocates On-Line

### New Web sites

A new Web site (http://www.ama-assn.org/KidsHealth) from the American Medical Association (AMA) and the Nemours Foundation provides information on such children's health topics as infections, emergencies and first aid, safety and accident prevention, and child development.

The National Center on Child Abuse and Neglect (NCCAN) and the National Clearinghouse on Child Abuse and Neglect Information, in collaboration with the National Alliance of Children's Trust and Prevention Funds, has developed an on-line prevention program database. The database (http://www.calib.com/nccanch/database/prevpro.htm) profiles more than 400 community-based programs throughout the country.

# One step for children

Make your home or organization a place where neighborhood children can congregate safely after school.

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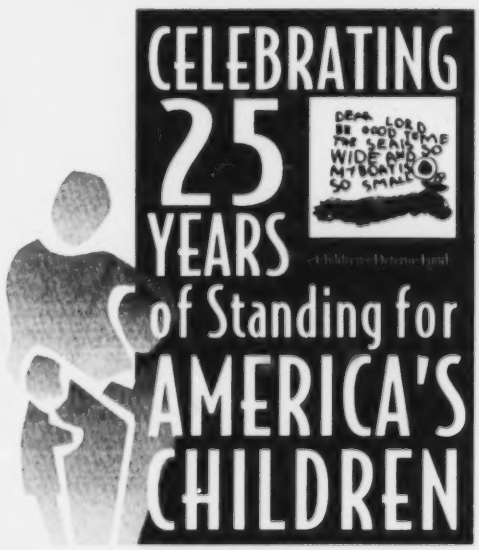


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# CDF Reports

Marian Wright Edelman, President

**December 1997**
**Volume 18, Number 13**


***Congress adjourns for 1997***

# Children make significant gains; a landmark year for child health

Advocates made some important gains for children in the 1997 session of the 105th Congress. The biggest triumph for children was passage in August of the State Children's Health Insurance Program (CHIP), which provides states with $48 billion over 10 years to insure children in low-wage working families. Other significant gains came about in child protection and education, says CDF Director of Intergovernmental Affairs Grace Reef.

Additionally, some funds were restored to help legal immigrants with disabilities and families moving from welfare to work.

"Advocates are to be congratulated for their consistently strong efforts to make children's lives better, given the backdrop against which they are working," says Reef. "Given Congress' enormous focus on reducing the deficit, advocates have had amazing success this year on behalf of children," says Reef.

These real gains came at the same time several disturbing steps were taken and Congress failed to pass other badly needed legislation to help children. While there was a children's tax credit passed in 1997, the credit was only partially structured to reach lower income working families, leaving out many other low-income families with children (see September 1997 *CDF Reports*). This was part of a general tax bill that gave huge and unnecessary tax cuts and other special tax breaks to the wealthy. Moreover, key damaging pieces of the 1996 welfare law, which the President pledged to fix (such as cuts in food stamps to low-income families and help for legal immigrants), were not fixed or fixed only in part.

The second session of the 105th Congress, which begins in late January 1998, will provide opportunities for additional gains for

*(See page 4)*

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# Fiscal Year 1998 appropriations
## (for selected children's programs)

| Program ($ in millions) | FY 97 | FY 98 | Difference |
|---|---|---|---|
| **Early Childhood** | | | |
| Head Start | $3,980.6 | $4,355.0 | $374.5 |
| Early Head Start | 159.0 | 279.2 | 120.2 |
| Child Care & Development Block Grant (CCDBG) | | | |
| Advance Funding FY 98/99 | 937.0 | 1000.0 | 63.0 |
| Dependent Care Block Grant/Resource and Referral/School-Age | 19.1 | 19.1 | 0 |
| Quality for Infants and Toddlers[1] | 0.0 | 50.0 | 50.0 |
| **Health** | | | |
| Maternal & Child Health Block Grant | 681.0 | 683.0 | 2.0 |
| Childhood Immunizations | 467.6 | 427.3 | -40.3 |
| Ryan White AIDS Program | 996.3 | 1,150.2 | 153.9 |
| Emergency Medical Services for Children | 12.5 | 13.0 | 0.5 |
| Lead Poisoning Prevention | 38.2 | 38.2 | 0* |
| WIC | 3,805.0 | 3,924.0 | 119.0 |
| Healthy Start | 96.0 | 96.0 | 0.0 |
| Title X | 198.0 | 203.0 | 5.0 |
| Consolidated Health Centers | 802.0 | 826.0 | 24.0 |
| **Job Training** | | | |
| JTPA Youth Training | 126.7 | 130.0 | 3.3 |
| Summer Youth Employment | 871.0 | 871.0 | 0.0 |
| Job Corps | 1,153.5 | 1,246.2 | 92.7 |
| YouthBuild | 30.0 | 35.0 | 5.0 |
| School-to-Work | 200.0 | 200.0 | 0.0 |
| **Education** | | | |
| Title I | 7,295.2 | 7,495.2 | 200.0 |
| Goals 2000[2] | 491.0 | 491.0 | 0.0 |
| Safe & Drug Free Schools | 531.0 | 531.0 | 0* |
| School-to-Work (Department of Education) | 200.0 | 200.0 | 0* |
| IDEA State Grants | 4,036.0 | 4,810.7 | 774.7 |
| **Juvenile Justice/Crime Prevention** | | | |
| Ounce of Prevention[3] | 1.5 | 0.0 | -1.5 |
| Community Schools[4] | 12.8 | 0.0 | -12.8 |
| Juvenile Justice & Delinquency Prevention | 116.2 | 147.7 | 31.5 |
| Gang Prevention | 12.0 | 12.0 | 0.0 |
| Mentoring Programs | 7.0 | 12.0 | 5.0 |
| Local Delinquency Prevention (Title V) | 20.0 | 20.0 | 0.0 |
| **Child Welfare Services** | | | |
| Runaway & Homeless Youth | 43.7 | 43.7 | 0.0 |
| Runaway Youth Transitional Living | 15.0 | 15.0 | 0.0 |
| Child Abuse State Grants | 21.0 | 21.0 | 0.0 |
| Child Abuse Discretionary Grants | 14.2 | 14.2 | 0.0 |
| Abandoned Infants Assistance | 12.3 | 12.3 | 0.0 |
| Child Welfare Services (Title IV-B, Subpart 1) | 292.0 | 292.0 | 0.0 |
| Child Welfare Training | 4.0 | 6.0 | 2.0 |
| Adoption Opportunities | 13.0 | 23.0 | 10.0 |
| Social Services Block Grant (Title XX) | 2,500.0 | 2,299.0 | -201.0 |
| Foster Care | 3,807.1 | 3,540.3 | -266.8 |
| Adoption Assistance | 567.9 | 700.7 | 132.8 |
| Independent Living | 74.7 | 78.0 | 3.3 |
| Family Support & Preservation | 240.0 | 255.0 | 15.0 |
| Community-based Family Resource Centers | 32.8 | 32.8 | 0.0 |
| **Other** | | | |
| Low-Income Home Energy Assistance (LIHEAP) | 1,000.0 | 1,100.0 | 100.0 |
| Community Services Block Grant | 536.4 | 542.2 | 5.8 |
| Legal Services | 283.0 | 283.0 | 0.0 |

**Notes:** Differences do not always total correctly, due to rounding of figures.

[1] $50 million is on top of the 4 percent quality minimum setaside under CCDBG.

[2] Goals 2000 funding includes funds for Parental Assistance also separately stated total correctly. Family Support programs.

[3] The conference agreement includes language for costs associated with the termination of the Ounce of Prevention Council, which the conferees understand will soon cease operation.

[4] In FY 1997, funds for the Community Schools program were clearly set aside in SAMSA (Substance Abuse and Mental Health Services Administration) funding. For FY 1998, the conferees indicate that they expect SAMSA to "give priority consideration to successful community schools grantees that have been effective in providing substance abuse prevention services to at risk youth. The agency shall provide the committees with 90 days notice prior to terminating any Community Schools grantee funded in Fiscal Year 1997."

* Difference between FY97 and FY98 was less than $50,000.



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CDF Reports

*CDF Reports* (ISSN: 0276-6531) is published monthly by the Children's Defense Fund, 25 E Street NW, Washington, DC 20001, 202-628-8787. Year subscription rate: $29.95. For change of address, please include your old mailing label with your new address. Write to the managing editor for permission to reprint any part of this publication. The Charles H. Revson Foundation provides support for all CDF publications.

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*Page 1 photo © Tara C. Patty*

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# A Voice for Children

*by CDF President Marian Wright Edelman*

## Proof that after-school programs work

Jennifer Lowery sings in her church choir, acts in school plays, coaches swimming, volunteers at the Baltimore Aquarium and the National Zoo, and dreams of becoming a marine biologist. Diego Ivan Duran works part-time, mentors a small group of eighth-graders, runs an advocacy group for Latino students at his school, and is aiming for college and then graduate school.

As remarkable as these Maryland students are, what's even more amazing are the obstacles they have overcome to accomplish so much. That's why CDF recently honored them for beating the odds (see story and photo, page 19). Jennifer and Diego have reminded me once again that avoiding school failure, alienation, too-early pregnancy, and resisting violence are possible when young people possess reserves of inner strength, have positive adult role models, and are engaged in productive activities when they're not in school. It is these extracurricular activities that have boosted their self-esteem and given Jennifer and Diego a feeling of connectedness to the community, despite the daunting circumstances in their personal lives.

Jennifer, 17, grew up in a home where her father battered her mother and regularly hurled verbal insults at his two children. When Jennifer was a sophomore, her father announced that he had put the house into foreclosure and allowed the car to be repossessed. Then he abandoned the family.

A shelter was home for the family until Mrs. Lowery—who had never worked outside the home—got a job managing a retail store. Making ends meet is still hard. Yet Jennifer, thanks to her mother, guidance counselor, and math teacher, has maintained her focus. "Involvement really keeps people out of trouble," notes Jennifer, after reciting her range of positive after-school activities that mean so much to her.

**Avoiding school failure, alienation, too-early pregnancy, and resisting violence are possible when young people possess reserves of inner strength, have positive adult role models, and are engaged in productive activities when they're not in school.**

Diego struggled to learn English after he emigrated to the United States from Venezuela to join his mother when he was 9. At age 13, he received a partial scholarship at a private boarding school. Then his mother suffered a spinal injury, and Diego had to leave boarding school and go to work to support the family. His shaky English skills mistakenly landed him in a school for emotionally disturbed children.

Determined to get into the educational mainstream, Diego taught himself how to read and write English, and within a year he was attending his local public high school. Now 18 and a senior, Diego has devoted himself to helping others by forming a school-based tutoring and community service project.

"There are things you can learn from after-school activities that you can't learn from a book, like how to deal with people," says Diego, who credits his adviser Daniel Garcia and his mother for keeping him on the right track. "It prepares you for life."

These two are living proof that after-school programs are one of the essential keys to a bright future. They not only offer emotional support and positive friendships for young people but also provide a sense of community that is so often lacking today.



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## Of Note

### Conferences

**March 11-13 — "Children '98: America's Promise,"** Washington, D.C., sponsored by the Child Welfare League of America. For information, call 202-638-2952.

**April 15-18 — "Nurturing Caring Communities for Children and Families,"** Tampa, Fla., sponsored by the Association for Childhood Education International. Call 1-800-423-3563 for information.

### Publications

***Pursuing the Dream: What Helps Children and Their Families Succeed.*** This is Stephen Shames's follow-up to his landmark book, *Outside the Dream: Child Poverty in America*. This 161-page "coffee table" book uses black-and-white photos to record how community-based programs help families achieve financial and emotional stability. The stories are in the families' own words. $40. To order, call the Aperture Foundation at 1-800-929-2323.

***The Nonprofit Internet Handbook*** is the definitive guide for organizations that want to get the most out of the World Wide Web. The handbook includes information on how to connect to the Internet, how to do effective fundraising and advocacy on the Internet, how to develop a Web site, and how to find funding sources and resources on-line. (ISBN: 0-9653653-6-0; 216 pages). $29.95 plus $3 shipping and handling. For ordering information write, White Hat Communications, 3009 N. Second Street, PO Box 5390, Harrisburg, PA 17110-0390; or call, 717-238-3787.

***Health Care for Children: What's Right, What's Wrong, What's Next,*** from the United Hospital Fund (UHF), describes the status of children's health and health services before passage of the 1997 Balanced Budget Act. (ISBN: 1-881277-31-3; 416 pp., $40). To order, write Publications, UHF, 350 Fifth Avenue, New York, NY 10118-2399, or call 212-494-0776.

***Relatives Raising Children: An Overview of Kinship Care,*** from the Child Welfare League of America (CWLA), gives professionals, agencies, institutions, communities, and organizations the information they need to develop and provide services to kinship caregivers, kinship families, children, and parents. (ISBN: 0-87868-6-843; $16.95). To order, write CWLA c/o PMDS, PO Box 2019, Annapolis Junction, MD 20701-2019, or call 301-617-7825, and ask for trade and bulk discount schedules.

## Children make significant gains; a landmark year for child health

*(Continued from page 1)*

children, if advocates continue to press their elected officials on their behalf, says Reef.

### Child health

The most substantial 1997 gain for children came in August with the health insurance provisions of the Balanced Budget Act of 1997. Under the act, states now have the funds and opportunity to provide health coverage to millions of uninsured children in low- and moderate-income working families through CHIP. On Oct. 1, states became eligible to receive roughly $4 billion annually in grants to expand Medicaid or to create new state CHIPs (see table, page 7, for a state-by-state breakdown of uninsured children). The grants cover uninsured children with family incomes too high for previously existing state Medicaid programs but too low to afford private family coverage. (See the September 1997 *CDF Reports* for more information. The November 1997 *CDF Reports* and CDF's Web site, http://www.childrensdefense.org, contain preliminary information on how states are choosing to cover uninsured children. The Special Report on page 5 of this issue details experiences in several states as they implement CHIP.)

The Balanced Budget Act also contains the most significant changes ever to Medicaid managed care rules. Except for certain children with special needs, states no longer need federal waivers to restrict families' choice of health care providers and require enrollment in managed care. States taking such steps, however, must comply with numerous new federal statutory safeguards, such as access and quality standards and an annual, external, independent review of managed care contracts.

In addition, the bill gives states two new options to expand children's access to care under Medicaid. States may promote continuity of care by providing 12 months continuous coverage to children who otherwise would lose Medicaid more quickly due to increased income or other changes in family circumstances. In addition, states may authorize a broad range of community agencies to give children who seem to qualify for Medicaid based on initial information so-called "presumptive eligibility," for example, short-term Medicaid coverage while the family applies and the state determines Medicaid eligibility. During the presumptive eligibility period, children can seek care, health providers are reimbursed, and the state is assured federal matching funds, regardless of whether the child ultimately qualifies for Medicaid.

The act also restores Medicaid for nonimmigrant children with disabilities who had lost Supplemental Security Income (SSI) under the 1996 welfare law (see September 1997 *CDF Reports*). And Congress mandated a study by the U.S. Department of Health and Human Services (HHS) of EPSDT (Early and Periodic Screening, Diagnosis, and Treatment), apparently in response to anecdotal complaints from some states about the scope of its benefits. "It's absolutely essential that HHS reinforce understanding of how critical EPSDT's comprehensive benefits are to meeting the medical needs of low-income children," says CDF Health Director Stan Dorn.

### Adoption and child protection

Another important step was passage of the Adoption and Safe Families Act of 1997 (Public Law 105-89) in mid-November. Designed to help keep children safe and move them to permanent families, according to CDF Child Welfare Director MaryLee Allen, the

*(See page 14)*

# CHIP

## Advocates forge consensus on State Children's Health Insurance Programs

Child advocates from dozens of Florida organizations shared many ideas about how to implement the new State Children's Health Insurance Program (CHIP) when they gathered one early morning in late October in Orlando. By the day's end, however, the 50 participants had hammered out a common set of principles for expanding health care to Florida's 652,000 uninsured children—the most in any state except California, New York, and Texas.

Chief among these principles was that state officials incorporate input from families, advocates, and children's health care providers as they design CHIP. Advocates also will urge the state to provide coverage to the maximum number of uninsured children through age 18, assure that children have comprehensive benefits, and give Florida's uninsured children equal access to health coverage and services regardless of the county in which they live.

Photo © Human Issues Collaborative

"Florida is a good example of how state and local advocates must pull together and draw on their collective strengths to work for children's health," says CDF Senior Health Associate Gregg Haifley, who has helped coordinate many of the state child health briefings.

It wasn't always so clear that Florida child advocates would reach consensus on how their state should expand children's access to health care. The October briefing in Orlando, however, coordinated by a partnership of statewide and local organizations, together with CDF and other national groups, gave everyone a chance to voice opinions and created an environment for advocates to build consensus. Haifley notes, "There are still varying beliefs in Florida on some questions of how best to insure children, but at least Florida's child advocates were able to decide on a set of common goals they can take to policy makers."

Florida, like many states, has three main options for advancing children's access to health care: expand Medicaid; expand its existing state-subsidized program (Florida Healthy Kids, which serves about 39,000 children whose families have incomes too high to qualify for Medicaid but too low to afford private insurance); or use Medicaid to cover some children and a separate state program to cover others.

Many advocates believe that expanding Medicaid to cover more children is preferable because the program provides a better benefits package at a lower cost to families. Others like Florida's streamlined application process for Healthy Kids.

Medicaid in Florida covers infants in families up to 185 percent of the federal poverty level, children ages 1 to 6 in families up to 133 percent of poverty, children ages 7 through 14 up to 100 percent of poverty (see chart, page 6), and older children up to far lower income levels. Except for infants (federal law only requires coverage to 133 percent of poverty), these are the current federal minimum Medicaid eligibility rules.

In December, Gov. Lawton Chiles filed an interim plan with the U.S. Department of Health and Human Services (HHS) to expand Healthy Kids to cover more children and expand

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### Advocates forge consensus on State Children's Health Insurance Programs

*(Continued from page 5)*

Medicaid to cover teenagers in families with incomes up to 100 percent of the poverty level.

### Addressing children's special needs

One concern discussed during the Florida briefing is how the state will provide health care to children with disabilities. If CHIP funds are used to expand Florida Healthy Kids, warns Deborah Dowds of the Florida Developmental Disabilities Council, children with physical and mental disabilities won't get the coverage they need. According to Dowds, Florida Healthy Kids provides benefits comparable to a private commercial package, which is based on the needs of working adults and is set up to cover mainly illness and injury.

"Private plans don't recognize the value that health care services provide to the individual's daily functioning—to his ability to walk, to talk, and to use his arms and hands," Dowds says. "I'm not saying Medicaid is perfect, but of all of the options, Medicaid provides more for therapies, more for durable medical equipment, and more for mental health services."

Some Florida lawmakers are considering creating a separate program supplementing Healthy Kids, which would provide additional coverage for children with disabilities, according to Dowds. Although this is a positive sign that lawmakers are paying attention to the needs of disabled children, Dowds cautions that a separate program could be problematic. She says that in a single more comprehensive program children who don't have disabilities but who may be at risk of developing them later in life could receive timely interventions to help prevent further serious—and expensive—conditions.

"I see this new program [CHIP] as an opportunity to get kids with disabilities the coverage they need," says Dowds. "I think it would be a terrible, terrible tragedy for children if states set up programs for only the well and the healthy. But advocates must recognize that we need to speak with one voice."

Florida's child advocates also are pressing the state to keep family premiums and copayments reasonably low, develop a simplified application and enrollment process, and allow families a choice of health plans. As of early December, more than 100 organizations around the state have endorsed the principles developed at the briefing.

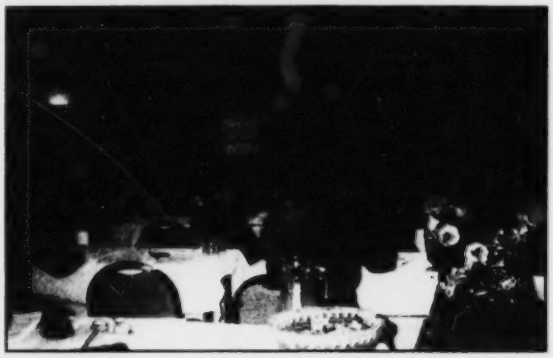

Photo © Lisa Schock

*Florida advocates at a meeting in Orlando discuss general principles for expanding children's health coverage.*

### Ohio expands Medicaid

More than 100,000 uninsured Ohio children will have access to health care starting Jan. 1, 1998, when the state uses CHIP funds to expand Medicaid to cover children through age 18 in families with incomes up to 150 percent of the poverty level.

More than 225 people from around the state attended a conference on Nov. 21 in Columbus to learn more about expanding health care to uninsured children. Sponsored by the Ohio Child Health Coalition, a group of advocates convened by CDF-Ohio, the briefing provided information about CHIP, the upcoming Medicaid expansion, and opportunities for outreach to Medicaid-eligible families.

While Ohio advocates are pleased that the state acted decisively to provide health care to more children, they are encouraging state decision makers to take an additional step—extend Medicaid to families with incomes up to 200 percent of poverty.

"We want Ohio to take full advantage of its CHIP funds and do as much as possible to help low-income families keep their children healthy," says Mary Wachtel, health advocate for CDF-Ohio.

### Minimizing costs in Pennsylvania

Pennsylvania has also created a statewide child health coalition, which has developed a set of principles it hopes will influence the CHIP implementation process in coming months. On Oct. 31, Gov. Thomas Ridge filed

*(See page 7)*

## Family income levels

Here is a sampling of the 1997 federal poverty guidelines for a family of three issued by the U.S. Department of Health and Human Services (HHS). These figures, adjusted for family size, are used by various agencies to determine program eligibility.

100 percent of poverty = $13,330
133 percent of poverty = $17,729
150 percent of poverty = $19,995
185 percent of poverty = $24,660
200 percent of poverty = $26,660
230 percent of poverty = $30,659
250 percent of poverty = $33,325

## Advocates forge consensus on State Children's Health Insurance Programs

*(Continued from page 6)*

a plan with HHS to expand the state's own existing non-Medicaid health program for low-income children who do not qualify for Medicaid. The state has called for public input as it reviews options for enlarging the program and the governor is expected to announce the plan's final details in February.

Pennsylvania advocates are urging lawmakers to provide health insurance to *all* children who live in families who cannot afford it. They also want the state to simplify Medicaid eligibility by covering children through age 18 in families with incomes up to 150 percent of poverty. That would help create a seamless system, ending the current problem of different children in a family qualifying for different programs. According to Pennsylvania's Medicaid eligibility rules, for example, a 4-year-old in a family whose income is at 110 percent of poverty can receive Medicaid benefits, but an 8-year-old in the same family is not eligible.

Pennsylvania has more than 325,000 uninsured children. Its existing state-only child health program pays premiums for children not eligible for Medicaid and in families with incomes up to 185 percent of poverty in most counties. It provides low-cost coverage to families earning up to 230 percent of poverty in others.

The growing coalition recommends that Pennsylvania's child health program be expanded to provide coverage at no cost for children through age 18 living in families with incomes under 200 percent of poverty, and at *low cost* for children under age 19 living in families with incomes between 200 percent and 250 percent of poverty.

"Another of the key principles we're pushing for is a single, simple program," says Lucy Johnston Walsh, policy director for Pennsylvania Partnerships for Children, an advocacy group coordinating the coalition. "If

*(See page 8)*

### Children through age 18 without health insurance, 1994–1996

| | Percentage | Estimated number of uninsured children |
|---|---|---|
| Alabama | 15.1% | 179,000 |
| Alaska | 10.8 | 22,000 |
| Arizona | 22.4 | 281,000 |
| Arkansas | 19.3 | 139,000 |
| California | 18.7 | 1,804,000 |
| Colorado | 14.9 | 161,000 |
| Connecticut | 10.6 | 90,000 |
| Delaware | 12.7 | 24,000 |
| District of Columbia | 15.7 | 19,000 |
| Florida | 17.5 | 652,000 |
| Georgia | 15.4 | 329,000 |
| Hawaii | 6.7 | 22,000 |
| Idaho | 13.4 | 51,000 |
| Illinois | 9.8 | 332,000 |
| Indiana | 11.2 | 180,000 |
| Iowa | 11.4 | 88,000 |
| Kansas | 10.3 | 76,000 |
| Kentucky | 15.0 | 160,000 |
| Louisiana | 20.3 | 277,000 |
| Maine | 14.0 | 45,000 |
| Maryland | 11.3 | 158,000 |
| Massachusetts | 9.3 | 141,000 |
| Michigan | 8.1 | 220,000 |
| Minnesota | 7.1 | 94,000 |
| Mississippi | 18.6 | 156,000 |
| Missouri | 12.3 | 184,000 |
| Montana | 10.7 | 27,000 |
| Nebraska | 9.4 | 45,000 |
| Nevada | 19.1 | 86,000 |
| New Hampshire | 10.2 | 32,000 |
| New Jersey | 13.9 | 295,000 |
| New Mexico | 22.9 | 126,000 |
| New York | 13.9 | 680,000 |
| North Carolina | 14.2 | 284,000 |
| North Dakota | 7.9 | 14,000 |
| Ohio | 10.1 | 309,000 |
| Oklahoma | 20.8 | 201,000 |
| Oregon | 14.0 | 125,000 |
| Pennsylvania | 9.3 | 288,000 |
| Rhode Island | 9.7 | 24,000 |
| South Carolina | 16.8 | 174,000 |
| South Dakota | 8.5 | 19,000 |
| Tennessee | 15.1 | 219,000 |
| Texas | 24.1 | 1,440,000 |
| Utah | 10.2 | 75,000 |
| Vermont | 7.0 | 11,000 |
| Virginia | 11.0 | 197,000 |
| Washington | 11.0 | 171,000 |
| West Virginia | 10.2 | 47,000 |
| Wisconsin | 6.4 | 92,000 |
| Wyoming | 13.4 | 20,000 |
| **United States** | **15.1** | **11.3 million** |

**Note:** Children include 18-year-olds. The U.S. percentage and number of uninsured children are 1996 estimates taken from the March 1997 Current Population Survey (CPS), released September 1997. The estimated percentage of uninsured children in each state is the average of the percentage of uninsured children during 1994 to 1996. Three-year averages are used because of the small sample sizes in many states. The estimated number of uninsured children in each state applies these percentages to 1996 estimates of the state's total child population.

Source: U.S. Bureau of the Census, March CPS 1995-1997 and, July 1, 1996, state population estimates. Calculations by the Children's Defense Fund, Oct. 1, 1997.







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## *Advocates' Checklist* Child health

The new child health law gives states great flexibility to design programs that meet the needs of children. Advocates helping to shape child health insurance plans in their states and communities should urge decision makers to:

✔ **Take advantage of Fiscal Year 1998 funds by submitting a plan well in advance of the July 1, 1998, deadline.** Remember that the Department of Health and Human Services has 90 days to review the plan and accept or reject it. States without plans approved by Oct. 1, 1998, forfeit their 1998 grants.

✔ **Choose Medicaid.** Medicaid is one of the few health insurance programs with limited family costs and comprehensive benefits based on children's unique needs.

✔ **Provide comprehensive benefits for children.** If Medicaid expansion is not an option, make sure that coverage is modeled after Medicaid's benefits package, which provides regular health screenings to detect disease and medical conditions, all medically necessary services required to treat a disease or condition revealed by a health screening, and all necessary dental, vision, and hearing care.

✔ **Help children with special health care needs.** If benefits are not comprehensive, make certain to structure the benefits package so that it includes the following: speech and physical therapy for developmentally delayed children, braces, wheelchairs for children who need them to get around, mental health services, eyeglasses, and hearing aids.

✔ **Cover as many uninsured children as possible.** Make sure that states provide significant help with health insurance costs for the broadest possible range of children in low- and moderate-income families. Ensure that states use their entire CHIP allotment. At a minimum, states should cover children living in families with incomes up to $26,660 for a family of three (200 percent of poverty), since their parents cannot afford private insurance that covers the entire family.

✔ **Ensure that families are made to pay only what they can afford for premiums, deductibles, and copayments.** If the state chooses Medicaid, enrolled children will be exempt from cost sharing. If it does not, the state should develop a sliding scale that keeps costs as low as possible for families earning above 150 percent of the poverty level ($19,995 for a family of three). Under CHIP, children who live in families with incomes at or below 150 percent of poverty can be charged no more than the same small amounts for premiums, deductibles, copayments, and co-insurance that are permitted for adults under Medicaid.

✔ **Allow families to apply for benefits by phone or by mail.** Create a simple, one-page application form that's easy for parents to complete. And keep to a minimum the paperwork parents must submit along with the application.

### Advocates forge consensus on State Children's Health Insurance Programs

*(Continued from page 7)*

we could advertise the programs—both CHIP and Medicaid—as having one application and having a single, toll-free number families could call, then it would simplify it for parents. That's important because it would help eliminate confusion."

Dozens of organizations have endorsed the principles, Walsh says. "It's a tool to educate both the public and the legislature on what people in the state want."

### Involving families in solutions

While the number of children without health insurance in Delaware (24,000) may appear low, as a proportion of Delaware children, the figure is high—nearly 13 percent. Most child advocates want the state to begin solving this problem by expanding and improving Delaware's Medicaid program, says Stand For Children Delaware President Vivian Young, an advocate who has taken the lead on child health implementation.

"We want to look at all the health concerns that impede the learning process, including [lack of care for] teeth, eyes, and ears," says Young, who recently helped facilitate a briefing on child health in Wilmington, Del., and found it helpful in fine-tuning her message. As a result of the briefing, where Young spoke with representatives from the local housing authority and others who work with low-income families, she plans to organize meetings with parents and other concerned individuals and groups so their voices can be heard. A broad-based coalition is now being formed.

"The people who have the problems with which we are trying to deal must be a part of the solution," Young says. "They need to know what it is that they ought to be doing and learn how they can go about accessing this health insurance for their children."

Delaware officials have given little indication of how the state will implement CHIP. The State Health Care Commission plans to submit a

*(See page 9)*

Special Report

# Medical child support for children's health

Child support enforcement agencies can help children in single parent families receive health care under the new State Children's Health Insurance Program (CHIP). For example, by linking with state health agencies, local child support offices can screen for families who may be eligible for CHIP, help them enroll their children, and ensure that noncustodial parents contribute the family's share of monthly health insurance premiums, according to CDF Staff Attorney Nancy Ebb.

"Aggressive enforcement of medical support is more important now than ever because private, employer-based health coverage for children continues to erode at a rapid rate," Ebb explains. "Far fewer employers are paying for family health coverage, and children have been losing health coverage at twice the rate of adults. If we are going to reach all 11.3 million children who have no health insurance, we need to get serious about holding noncustodial parents accountable."

Since 1984, federal law has required that states take steps to obtain both general and medical support for children from noncustodial parents if they can obtain it at "reasonable" cost.

However, the availability of CHIP coverage is especially important for children with low or moderate family incomes, and who otherwise might not receive medical support because insurance is not available to the noncustodial parents through their employers. Now, states can issue medical support orders directing noncustodial parents to pay the family share of CHIP premiums, which each state determines on the basis of family income level. (Under CHIP, states are permitted to charge parents for their children's coverage on a sliding scale, so parents who earn more pay a greater share of premiums.)

States can build on several models to increase the number of children who receive health insurance by using medical support enforcement and CHIP funding, Ebb explains. Sacramento (Calif.) County's Bureau of Family Support under a pilot program now arranges for noncustodial parents who lack other insurance options to buy coverage for their children through an HMO or Blue Cross after being ordered to pay support payments and provide medical coverage for their children.

The agency can actually offer noncustodial parents the chance to enroll children in the health plan—ensuring that a medical support order does indeed result in coverage for the child. In Sacramento, if noncustodial parents lose their jobs and cannot keep paying insurance premiums, the agency offers the custodial parent the opportunity to pay so that the child continues to be covered.

In Connecticut, a new children's health program (Health Insurance for Uninsured Kids and Youth—Plus) provides not just assistance to low- and moderate-income children but also access to unsubsidized health insurance for children living in families with incomes above 300 percent of poverty who otherwise would not have coverage. Connecticut law states that purchase of this health coverage is one way a noncustodial parent can comply with a medical support order.

"Child support and health agencies should take advantage of this exciting new opportunity to provide more children with the health care they need," Ebb says.

*For more information about medical support enforcement, call Nancy Ebb at 202-662-3539.*

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**Advocates forge consensus on State Children's Health Insurance Programs**
*(Continued from page 8)*

child health proposal to the legislature in January.

### A solvable crisis

State advocates have a unique chance to help determine eligibility rules, benefits, family costs, and other crucial elements that define how children receive needed health care, says CDF Health Director Stan Dorn.

Child advocates should urge key decision makers in their states to first consider using CHIP funds to expand Medicaid, Dorn recommends. But, he continues, if a state decides to use CHIP funds to create or expand a separate state program, it must make sure the new program provides the best possible coverage to the largest possible number of uninsured children, and that it is coordinated effectively with Medicaid. Advocates should also keep in mind that states must submit their plans by July 1, 1998, in order to be assured of receiving their Fiscal Year 1998 CHIP grants (see Advocates' Checklist, page 8).

"Child advocates must work together to raise children's health coverage to the top of their state's agenda and to press the governor and the legislature to do the very best they can for as many uninsured children in the state as possible," says Dorn. "That means advocates need to embrace as many allies as possible and develop a clear message about the health needs of uninsured children in working families and how the state can address them."

*For more information about implementing the State Children's Health Insurance Program or to work with CDF to set up a briefing, please call the Field Division at 202-662-3628.*

# U.S. juvenile crime rate falling

*But S.10 would turn back the progress; contact your senators now*

There was good news recently for communities trying to reduce violence by and among young people. For the second time in as many years, the number of young people in the United States arrested for violent crimes fell significantly, according to the FBI's most recent data.

In 1996—after rising steadily from 1987 to 1994—the juvenile violent crime rate dropped 9.2 percent, following the 1995 drop of 2.9 percent (see Figure 1, below). The rate of young people arrested for murder fell most dramatically—and is now down 31 percent since 1993. While juvenile violent crime fell for all races, much of the decline was due to fewer Black youth being arrested for violent crime (see Figure 2, page 12).

"We are making real progress," says CDF Assistant General Counsel Kim Wade. "Of course, every serious crime committed by a young person is one too many. But the newest data support mounting evidence that community efforts in prevention and better coordinated enforcement are working."

The data also underscore how far off target the crime bill Congress may be poised to pass is because it emphasizes prisons over prevention, according to Wade. A bill (S.10) to throw more children into adult jails and prisons, hold runaways and truants for extended periods of time, and emphasize punishment while failing to invest in after-school programs and other proven measures that stop crimes before they occur would put children in danger, she says.

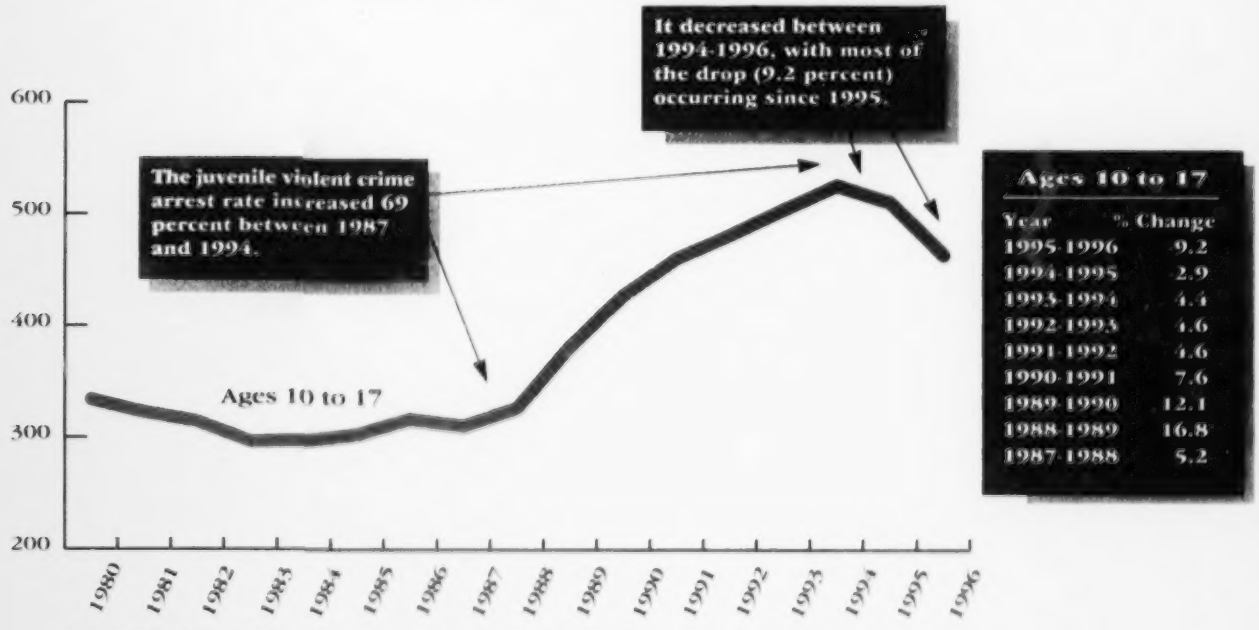
"If we are going to reduce youth crime, we must do more of what we know works, such as involving children in after-school, weekend, and summer activities with caring adults and keeping guns away from children," says Wade (see November 1997 *CDF Reports*). "We also must continue to support community policing and strengthen juvenile courts so that every youthful offender is held accountable. These approaches will help make our children and our communities safe."

**"If we are going to reduce youth crime, we must do more of what we know works, such as involving children in after-school, weekend, and summer activities with caring adults and keeping guns away from children."**

*(See page 11)*

**Figure 1**

**Juvenile violent crime arrest rates, 1980–1996**




| Ages 10 to 17 | |
|---|---|
| Year | % Change |
| 1995-1996 | -9.2 |
| 1994-1995 | -2.9 |
| 1993-1994 | 4.4 |
| 1992-1993 | 4.6 |
| 1991-1992 | 6.6 |
| 1990-1991 | 7.6 |
| 1989-1990 | 12.1 |
| 1988-1989 | 16.8 |
| 1987-1988 | 5.2 |

Note: Violent crimes are offenses of murder, rape, robbery, and aggravated assault.
Source: Unpublished FBI data.

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## U.S. juvenile crime rate falling

*(Continued from page 10)*

S.10, the Violent and Repeat Juvenile Offender Act, was stalled in mid-November when the congressional session ended. It is expected, however, to be up for a vote in February, and it's vital for advocates to voice their opposition before then, according to Wade.

## Guns and drugs spurred juvenile crime

Americans are right to have become more fearful of crime, including youth violent crime, notes Wade. Between 1987 and 1994, juvenile crime rose rapidly and became more violent, largely because of guns becoming more accessible to children and a volatile crack cocaine market.

Between 1985 and 1994, the number of violent crimes committed by juveniles increased an astonishing 70 percent, driven almost entirely by increases in gun crime. Weapons violations are among the top three juvenile crimes, rising 103 percent between 1985 and 1994. During this same period, juvenile arrest rates for murder *with* guns tripled. But, juvenile arrest rates for murder *without* guns declined. And youth arrest rates for property crime, the most common youth crime, remained flat.

Youth violence finally began to decline in the mid-1990s:

- Between 1994 and 1996, juvenile violent crime rates fell more than 12 percent.
- Since 1993, homicide rates among children ages 10 to 17 are down 31 percent.
- Between 1993 to 1995, the proportion of crimes committed by juveniles with guns fell by 15 percent.

"The recent drop in murders is particularly positive," says Wade. "Two years ago, about 2,500 young people were arrested for murder; now it's below 2,000 a year."

## Myths about young people unfounded

Warnings of a coming juvenile crime wave, amplified by some in the media, have been largely overstated, according to Wade. They were based on expected increases in the juvenile population. While it is true that the number of young people ages 10 to 17 will increase 7 percent by the year 2010, the number of people over age 20 will rise *even more*, by 11 percent. Juveniles will be a smaller share of the population in 2010 than they are now.

It also should be noted, says Wade, that the recent drop in youth violent crime was among 13- to 15-year-olds. Declines in violent crime among the youngest teens accounted for 55 percent of the drop in juvenile arrests for violent crime between 1994 and 1995, she says, an encouraging sign for the next generation of teenagers.

Even criminologists who made ominous predictions of an impending juvenile crime wave, coining phrases such as "the young and the ruthless" are taking notice of the declining crime rates. James Fox, a professor at Northeastern University, says neighborhood and community efforts to reduce juvenile crime are working. Mentorship programs and community policing are most effective at reducing crime, he maintains.

"Violent young offenders remain the exception, not the rule," says Wade. Young people, she notes, represent less than one in five of *all* arrests for violent crime (defined as murder, rape, robbery, and aggravated assault). Only one in seven young people arrested each year is arrested for a crime involving violence, and each year only one in 200 young people overall is arrested for a violent crime. And, much of juvenile *violent* crime is concentrated in America's largest cities, where illegal guns are readily available and children are more at risk for crime because of poverty, poor schools, few opportunities for out-of-school activities, limited community resources, and similar problems.

"This doesn't mean we shouldn't take aggressive action," continues Wade. "But we should be advancing sound policy based on what works, not simply reacting to misleading facts and catchy sound bites."

## Communities making progress

A number of communities have made great strides in reducing juvenile crime. Boston's success at keeping young people safe and out of trouble is widely

*(See page 12)*

# Washington state gun safety initiative defeated

Washington state gun control advocates were disappointed in early November by the defeat of a modest gun safety measure on their statewide ballot.

"We got trounced," admits Bruce Gryniewski, executive director of Seattle-based Washington CeaseFire, "but we put CeaseFire on the map, identified large donors, and increased our volunteer base from less than a handful to several hundred."

Initiative 676, dubbed "Safety First," was defeated in part by an intense media blitz by the National Rifle Association (NRA), says Gryniewski. NRA spent more than $5 million in a statewide media campaign and relocated many of its Washington, D.C.-area staff to Washington state until the votes were counted. NRA also initiated a grassroots telephone campaign to defeat what Gryniewski called "a common sense piece of legislation that would have simply mandated child safety locks on all new handguns and licensing of gun owners."

Because his group was outspent five to one, Gryniewski has redoubled Washington CeaseFire's efforts to keep gun safety as a major issue before the public and has pledged to strengthen a national coalition to fight NRA and its unlimited war chests. Attention will now focus on passage of a child gun access prevention bill in the current legislative session.

"Washington state advocates should be applauded for their courageous and tireless efforts to save the lives of the 75 children killed by guns each year in their state," says CDF Assistant General Counsel Kim Wade. "We are all encouraged by their example of growing energy and persistence in efforts to keep all children safe from gun injury and death."

## U.S. juvenile crime rate falling

*(Continued from page 11)*

recognized as one of the most promising examples. For 2 1/2 years—between July 1995 and mid-December 1997—only *one* young person has been killed by gunfire.

Boston's strategy is an effective collaboration of police, prosecutors, probation officers, corrections officials, school officials, judges, religious leaders, health professionals, parents, and young people who focus on enforcement and prevention. To reduce juvenile crime, each sector of the community has taken responsibility for carrying out a comprehensive violence prevention plan. For example, hospital emergency room workers treating adolescents injured in violence follow up with the patients about nonviolent conflict resolution and make referrals to community- and hospital-based agencies (for more information on Boston's violence prevention plan, see the December 1996 *CDF Reports*).

Communities around the country are targeting young people in inner-city neighborhoods that have been "hot spots" for violence. The Black community, in particular, has taken leadership to keep children safe and on track. In New York City, Beacon Schools, operated by service providers such as the Rheedlen Centers for Children and Families, give children positive after-school and weekend activities and involve parents in making the community safer. In Houston, Judge Veronica Morgan-Price, one of the cochairs of the Black Community Crusade for Children's (BCCC) Juvenile and Family Court Judges Leadership Council, has persuaded local churches to work with troubled young people from her courtroom. And in Boston, the Rev. Eugene F. Rivers, pastor of the Azusa Christian Community, has developed a "Ten-Point Plan" that calls on churches to sponsor "adopt-a-gang" programs and drop-in centers for youth; provide court advocates for Black and Latino young people; initiate and support neighborhood crime watches; and work one-on-one with young drug dealers.

**"The Black community is to be commended for recognizing what needs to be done and for pulling together in this beginning effort to offer constructive activities to children and restoring hope for their future."**

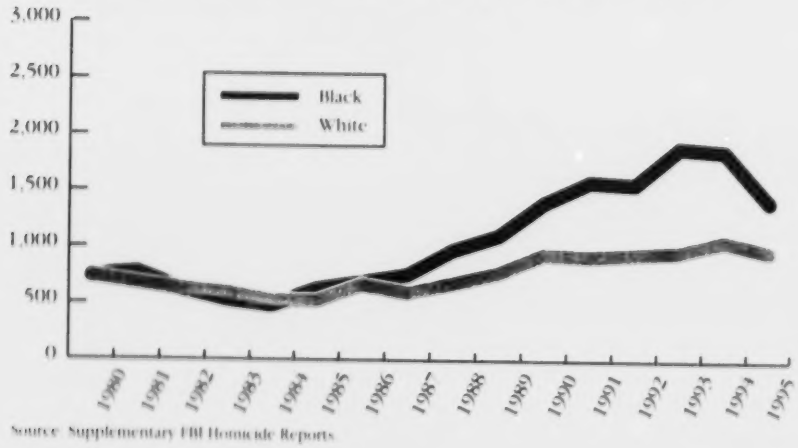
"Initial efforts to keep young Black people safe after school and on weekends appear to be working," says BCCC National Director Barbara Kelley-Sease. "The Black community is to be commended for recognizing what needs to be done and for pulling together in this beginning effort to offer constructive activities to children and restoring hope for their future. We are on the right track, and Black communities across the country are urged to join the movement to keep our children safe."

Not only are fewer Black juveniles being arrested, but the proportion of Black children being murdered has also fallen 14.3 percent since 1993. The rate of Black male teens ages 15 to 19 being killed by guns dropped significantly from 150.6 per 100,000 in 1994 to 119.9 in 1995.

In the absence of further federal action since passage of the Brady Act of 1993 requiring background checks and the assault weapon ban in 1994, states and localities are initiating their own gun control initiatives (see story, page 11). In Maryland, for example, Gov. Parris Glendening (D) credits a new law that limits private handgun purchases to one a month, requires criminal background checks for all sales, and prohibits multiple purchases for resale with cutting gun sales by 80 percent and contributing to a 10 percent drop in violent crime in the past two years. And gun manufacturers responded to the pressure for childproofing firearms with a modest step in that direction (see story, page 13).

**Figure 2**

**Arrests of juvenile offenders by race, 1980–1995**




Source: Supplementary FBI Homicide Reports

## Keeping children out of adult jails and prisons

In an odd twist, says Wade, juvenile violence appears to be waning just as S.10 would in many ways unnecessarily risk children's safety.

The federal Juvenile Justice and Delinquency Prevention Act of 1974 has provided states with financial incentives to remove most children from adult jails and prisons and keep those who are in jails and prisons separated from adult inmates by sight and sound. Forty-five states ensure that children are removed from adult facilities, and 48 states keep children separate from adults.

S.10 would *eliminate* the removal provision and weaken the separation provisions, enabling states to lock children in cells adjacent to those of

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## U.S. juvenile crime rate falling

*(Continued from page 12)*

adult inmates, and it would allow children to be with adults in dining, exercise, and other areas.

"This is a radical and dangerous change to a federal law that works," says Wade. Research shows that children in adult facilities suffer much more abuse than children in juvenile facilities. Children in adult facilities commit suicide eight times as often, are five times more likely to be sexually assaulted, two times more likely to be beaten by staff, and 1.5 times more likely to be attacked with a weapon compared with children in juvenile facilities.

S.10 also calls for placing into jails children who run away from home (for up to 14 days) or skip school (for up to 72 hours) thereby treating them as common criminals rather than as troubled youths who need to be linked with community resources that could help them grow into productive adults. Young people can even be held in *adult* jails for the first 24 hours. And the bill would take new federal money and require states to put it toward drug testing, extensive and costly juvenile record-keeping, and incarceration, without any set-aside investment in prevention initiatives like after-school programs and mentoring.

"Juvenile crime *triples* in the hour when school lets out (3 p.m.), and it peaks in the hours right after school (3 p.m. to 7 p.m.)," says Wade. "We need more investments in after-school programs to prevent the tragedy of crime and reduce the expenses of law enforcement and incarceration." Nine out of 10 police chiefs, as well as other community leaders, support prevention as an effective crime-fighting tactic, she notes.

### Call your senators

Advocates' efforts to oppose S.10 are needed now more than ever, says Wade. "Not one constituency organization has endorsed S.10, which underscores the consensus of concern about children in jails and prisons with adults, with weakened protection from adults," she says. Advocates, says Wade, should contact their senators and should try to meet with their senators and representatives who are scheduled to be on recess in mid-February. Tell them that the current version of S.10 would put children in jails and prisons with adults. Advocates also should meet over the next few weeks with their local district attorneys and police chiefs and urge them to help in the fight for more after-school activities and mentoring programs in the community and to call their representatives to urge defeat of S.10 as currently drafted.

"Any serious approach to reducing youth violence must protect children from adults in jails and prisons, contain investments in crime prevention, and increase support for strong juvenile courts," Wade says. "The safety of our children and our communities is too important for Congress to take expensive and counterproductive approaches to youth crime and violence. What is needed instead is a long-term, level-headed, balanced investment in safety for both children *and* communities."

## Gun manufacturers bow to pressure on child lock issue

Gun safety advocates cautiously applauded a recent announcement by eight major gun manufacturers who voluntarily agreed to join two other industry leaders in "childproofing" all new handguns.

Smith & Wesson, the world's largest maker of handguns, and Sturm, Ruger & Co. had already committed to installing childproof locks earlier this year. Childproof, or trigger locks, are a special mechanism that keeps guns from accidentally going off. On Oct. 12, Glock, Beretta, Taurus, H&R, Heckler & Koch, Mossberg & Sons, and SigArms also agreed to abide by the new standard.

"This is a good step, but it's too little and very late for the more than 5,000 children dying from guns each year," says CDF Assistant General Counsel Kim Wade. "There are currently more regulations on toy guns than real ones, which are still the only consumer product exempt from basic consumer safety regulations. And something must be done to address the problem of the 65 million handguns already in homes across the nation that are injuring and killing children every day."

In making the announcement, President Clinton noted that the move will affect 80 percent of all guns sold in the United States by the end of 1998.

## States flunk gun safety for children

All but 10 states made poor showings on a recent "report card" issued by Handgun Control, the nation's leading gun safety lobbying group. Overwhelmingly, the grades fell below average and included 23 Ds and four outright failures.

With no As to be found nationwide, Connecticut and Massachusetts led the pack with B+s in the first-ever ranking, which will be issued annually. California, Hawaii, Illinois, Iowa, Kansas, Maryland, Nebraska, and New Jersey followed with Bs and B-s. Bringing up the rear were Louisiana, Kentucky, Montana, and Wyoming with B-s. Overall this was a mediocre showing that spanned all regions of the country.

Handgun Control assessed the states on the basis of five types of legislation that protect children from gun violence and accidents: carrying concealed weapons, child access prevention laws, juvenile handgun possession laws, juvenile handgun sale, and transfer prohibitions.

## Children make significant gains; a landmark year for child health

*(Continued from page 4)*

legislation incorporates some of the provisions from the Adoption Promotion Act (H.R.867) that passed the House in April, the Safe Adoptions and Family Environments Act (S.A.F.E., S.511), and the Promotion of Adoption, Safety, and Support for Abused and Neglected Children Act (P.A.S.S., S.1195). Sens. John Chafee (R-R.I.) and John D. Rockefeller IV (D-W.Va.), and Reps. Dave Camp (R-Mich.) and Barbara Kennelly (D-Conn.) played important leadership roles on these bills before being joined by numerous other members of Congress.

**"All children deserve to grow up in safe and nurturing families."**

"All children deserve to grow up in safe and nurturing families," says Allen. "This bipartisan legislation gives greatest attention to the 100,000 children in foster care who can't return safely home and are awaiting new permanent families.

"The new law clarifies that a child's health and safety must be paramount when making decisions about a child's care, whether the child is at home, about to be returned home, or living with a foster or adoptive family," says Allen. "In this same vein, it acknowledges the importance of services to prevent child abuse and neglect and help families in crisis."

More specifically, the new law:

- Clarifies that nothing in federal law requires states to make an effort to preserve or reunify families when a child's health or safety would be endangered.
- Requires criminal record checks for final approval of foster or adoptive parents and specifies which crimes would make applicants ineligible.
- Continues (through FY 2000) the Family Preservation and Support Services Program (renamed the Promoting Safe and Stable Families Program) and increases its funding by about $20 million a year. On a related note, thanks to the leadership of Reps. Peter DeFazio (D-Ore.) and Jon Fox (R-Pa.), the FY 1998 Labor, HHS, and Education Appropriations bill also continues funding for the Community-based Family Resource Program at $32.8 million.

The new law also includes the following provisions that will help states move children more quickly to new permanent homes if they cannot be returned safely to their parents:

- Fiscal bonuses to states that increase, compared with a base year, the number of foster children who are adopted.
- A requirement that states guarantee health insurance with comprehensive benefits for adopted children with special needs.
- Expedited timetables for making decisions about appropriate permanent plans for a child, including the initiation of termination of parental rights proceedings (i.e., the legal process by which a child is freed for adoption).
- Elimination of barriers to out-of-state or out-of-county adoptions by prohibiting states from delaying or denying adoption if an approved adoptive parent from another jurisdiction is available.

The act also seeks to enhance accountability for children's safety by requiring the HHS Secretary, in consultation with state and local officials and child welfare advocates, to establish outcomes against which to track states performance in protecting children and to issue an annual report of states performance.

Although there was broad consensus about those steps that were taken, there was no agreement about more dramatic improvements this year, says Allen. Despite advocates' efforts, there was little support from the House, Senate, or the Administration for investing in additional upfront resources for the services and training needed to help already overloaded courts and agencies, she says, despite the case made by child and family advocates and others working directly with children.

Most parts of the new law took effect on Nov. 19, when President Clinton signed the legislation. States must assure HHS that they will provide children and families the new protections and can only delay if state laws must be changed in order for them to follow the new rules. Decisions about whether new laws are required will vary from state to state depending on the current state laws and regulations. (For more specifics on the Adoption and Families Act, visit CDF's Web site, or call the Child Welfare and Mental Health Division, 202-662-3568, and request a copy of CDF's Implementation Worksheet.)

## Head Start and education

The year brought several positive steps for children in Head Start and education, says CDF Child Care Director Helen Blank. For the second year in a row, Head Start funding was boosted. In FY 98, a $375 million increase will allow more young children to receive Head Start's child care, early childhood education, health, nutrition, and social services. This includes an additional $66 million for Early Head Start, which provides comprehensive services for children from birth to age 3.

In FY 1998, $50 million will be added to the Child Care and Development Block Grant (CCDBG) to help states improve the quality of child care for infants and toddlers. In addition, $19 million will be added to help states continue their investment in resource and referral programs and before- and after-school care. These are important, notes Blank, in order for states to begin filling gaps in child care.

After a long struggle, the Congress successfully reauthorized IDEA (Individuals with Disabilities Education Act), Public Law 105-17, on a bipartisan basis. Congress then approved for FY 98 $751 million for IDEA. IDEA grants will help states to provide better education for children with disabilities.

Although funding in FY 98 for the Goals 2000 program (an ongoing initiative designed to help reform schools and school systems) was frozen at FY 97 levels, Title I received a $200 million increase. Title I serves about 5 million children annually, distributing funds to more than 90 percent of the nation's school districts to help them serve disadvantaged students in schools with large proportions of children living in poverty.

The Drug-Free Communities Act of 1997, signed in June, will help substance abusers, including youth, receive treatment for drug and alcohol problems by strengthening collaborations between the community and local, state, and federal governments. The act authorizes $143.5 million over five years for a new Drug-Free Communities Support Program. Grants will go to community

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## Children make significant gains; a landmark year for child health

*(Continued from page 14)*

coalitions made up of secular or religious service organizations, businesses, health care professionals, local governmental agencies, law enforcement officials, and schools that are working to eliminate substance abuse.

### Family income

Several provisions in the Balanced Budget Act made improvements to the 1996 welfare law, increasing funding for states to help children and families, says CDF Family Income Director Deborah Weinstein.

The act provides $3 billion in grants to states that can be used to help families move from welfare to work under Temporary Assistance for Needy Families (TANF). It also made important, albeit partial revisions to the welfare law to restore SSI to many legal immigrants with disabilities. However, the act did little to repair the ongoing damage inflicted on children under the 1996 welfare law. Most notably, it did nothing to restore food stamp assistance to low-income families with children or food stamp assistance to low-income families with children or food stamps to legal immigrants. (See the September 1997 *CDF Reports* for full details.)

Late in 1997, children with disabilities celebrated a victory when Social Security Commissioner Kenneth Apfel announced that his agency would review the cases of at least 45,000 children who lost SSI because of the administration's too restrictive implementation of tightened eligibility provisions in the 1996 welfare law. Since August 1996, 135,000 children have lost SSI benefits. In addition, families who may have been discouraged from appealing their children's lost assistance will be given an additional 10 days to do so. The Administration expects that 35,000 children will regain their benefits, the majority with mental retardation, but some with other conditions such as cerebral palsy. Advocates had been pointing out wide disparities among states in termination rates (nine states have disapproved 70 percent or more of all cases reviewed) followed by high rates of reversals when families were not discouraged from appealing.

Many working families will get a break with the child tax credit that was passed in the Balanced Budget Act (see September 1997 *CDF Reports* for more details). And more families will be able to stay warm this winter and cool this summer thanks to a $100 million increase in FY 98 funding for LIHEAP (Low-Income Home Energy Assistance Program).

### Other 1997 legislation

In addition, two new laws may be of interest to community-based organizations because they often depend on the participation of volunteers and in-kind donations. The Volunteer Protection Act of 1997, signed in June (Public Law 105-19), will make it easier to limit legal liability when the organization's volunteers are properly licensed, certified, or authorized (if appropriate or required) and act within the scope of their responsibilities. Public Law 105-50, signed in October, makes organizations that serve low-income people eligible to get free surplus property from the General Services Administration (GSA). GSA may also sell or rent property (buildings, fixtures, and equipment) to state and local governments and nonprofits that help provide housing for low-income people. Funds must be used to construct, rehabilitate, or refurbish housing that low-income people can buy at below-market rates.

## What to expect from Congress in 1998

At least one congressional proposal that would cause great harm to children will top the agenda when Congress returns in January, and several critical children's services that have traditionally received bipartisan support require reauthorization in 1998. Advocates need to be vigilant in January by urging passage of good measures, as well as the defeat of draconian proposals, says CDF Government Affairs Director Eileen Sweeney. At press time, the major proposals affecting children included:

- S.10, the Violent and Repeat Juvenile Offender Act, would throw children into adult jails and prisons without meaningful protection from adult prisoners, hold runaways and truants for extended periods, and emphasize punishment while failing to invest in after-school programs and other proven measures that stop juvenile crimes before they occur. The Senate is expected to consider the bill as early as February. (See page 10 for more details.)
- A number of child care bills were introduced in the House and Senate during 1997, reflecting the breadth and depth of interest in helping working parents ensure that their children are in safe child care settings. Additional efforts are underway to design an ambitious, bipartisan child care package for action in 1998. CDF believes that there is a real opportunity to secure legislation that provides affordable, quality child care for infants and preschoolers, and positive after-school activities.
- Head Start, which provides early education, nutrition, health and social services to get children under age 6 who are living in low-income families ready for school, is up for reauthorization and needs substantial funding increases to attain the President's stated goal of serving all eligible children.
- The Child and Adult Care Food Program (CACFP), a federal initiative that guarantees nutritious meals and snacks for children up to age 12 who are enrolled in child care centers, family child care homes, before- and after-school programs, and Head Start, is up for reauthorization.
- There may be congressional action on the proposed settlement between the largest tobacco companies. That settlement may include provisions that would help fund additional children's services. Sen. Edward Kennedy (D-Mass.) and Sen. Frank Lautenberg (D-N.J.) have taken this approach in their bills, S.1492 and S.1343, respectively.

# Standing For Children

## Religious communities inspire action for children

Beginning with a Jewish Erev Shabbat service and closing with a traditional African drum ceremony two days later, hundreds of people of different faiths, races, ethnic backgrounds, and ages joined together in Houston for a weekend of prayer and a call to action on behalf of children Oct. 17-19.

With an interfaith worship service, which emphasized the importance of creating nurturing, loving, and compassionate environments for children everywhere, Houston joined tens of thousands of religious communities in the United States—and as far away as Canada and South Africa—in reaffirming their commitment to children by taking part in CDF's sixth annual National Observance of Children's Sabbaths.

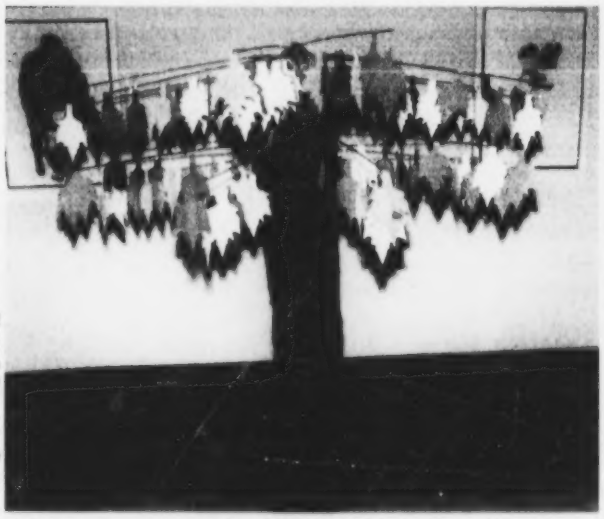

Photo © Rev. John Soper

*A "giving tree" created by children of the Arapaho United Methodist Church in Richardson, Texas, for the National Observance of Children's Sabbaths. The tree's leaves are actually offering envelopes.*

"The point was to show that when children are given nurturance and support, they really can succeed and do well," says Julie Campbell, program director for Houston-based Interfaith Ministries Family Connections. "We look at the Children's Sabbaths as a way to refocus on children's needs and go forward."

### Children's Sabbaths focus on health

Children's Sabbaths, held annually on the third weekend in October, are designed to inspire the faithful to take steps—through worship, hands-on service projects, educational activities, and advocacy—to help improve children's lives in their own communities and throughout the country, says CDF Religious Affairs Director Shannon Daley-Harris.

In keeping with this year's theme, "Seeking *Shalom*: Healthy Children, Healthy Nation," many congregations emphasized children's health needs. In Seattle, Wash., Temple Beth Am's Social Action Committee sponsored a forum to teach adults how to be effective advocates for children's health. In Richardson, Texas, Arapaho United Methodist Church held a symposium to inform people about the need to provide health care to the 1.4 million uninsured children in their state. Members of the congregation wrote letters urging state legislators to design a Children's Health Insurance Program (CHIP) that provides affordable, comprehensive, and continuous health coverage to all families living at or below 200 percent of the poverty line ($26,660 for a family of three). Children attending the church's Sunday School also constructed a "giving tree" to raise donations for a local shelter for teenage mothers (see photo above).

St. Margaret Mary's Catholic Parish in Naperville, Ill., invited parishioners to send Gov. Jim Edgar postcards urging him to direct new CHIP funds to cover the 300,000 children in the state who lack health insurance.

Other communities focused on local health needs:

- In Tampa, Fla., the New Salem Missionary Baptist Church sponsored health screenings to test children for vision, hearing, and other medical problems, including lead poisoning. Children also received immunizations.
- In Broussard, La., the St. Cecilia School at Sacred Heart Parish collected stuffed teddy bears for abused children living at a local shelter. The students pledged to visit the home each month and to hold a fundraiser for the organization.

**"We look at the Children's Sabbaths as a way to refocus on children's needs and go forward. The point was to show that when children are given nurturance and support, they really can succeed and do well."**

- In Bethesda, Md., at the Trinity Evangelical Lutheran Church, a pediatric AIDS researcher from the National Institutes of Health urged church members to volunteer for local projects aiming to help children and families.

### Long-term action and advocacy for children

Children's Sabbaths ultimately serve as building blocks for long-term efforts for children by members of faith communities. Houston's Interfaith Ministries Family Connections has been participating in Children's Sabbaths since 1993, and each year it expands its advocacy network. For example, the group provides resources—such as books and supplies—to after-school

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# Wisconsin Children's Action Team focuses on immunizations

In Beloit, Wis., where one out of four toddlers were not adequately immunized as of August 1997, children's advocates took action this fall by holding an immunization fair. As a result, more than 100 young people now are protected from childhood disease.

After promoting awareness of children's health needs at their June 1 Stand For Children rally and health fair at Riverside Park Pavilion, Beloit's Children's Action Team (CAT) began meeting regularly to discuss children's needs.

"One of the needs was that we had a problem getting minority children immunized, particularly 2-year-olds," says CAT member Linda Dalton, a public health nurse with the local health department.

With the help of local businesses, hospitals, churches, and the media, Beloit CAT members organized a two-day immunization fair in late September. In all, 180 children and adults received 409 shots.

Students from Beloit College helped parents sign up their children for the free shots. "I thought it would be a great opportunity for our students to get involved in community health," says Biology Professor Marion Fass, who organized 18 of her students to volunteer at the fair.

A local RV dealer donated a van to the city health department and took time off from work to drive the nurses directly into the neighborhoods that were targeted—one on the east side of Beloit, and the other on the west side.

"The parents were very pleased," says Dalton. "A lot [of them] have no transportation, but with the immunizations available right in their own neighborhood, they were able to put their children in strollers and walk to the van."

Fifty-six percent of those receiving shots were Black or Hispanic children. Each child who was vaccinated received a gift: free diapers and school supplies for the youngest children, and Stand For Children T-shirts for the adults who received shots.

Photo courtesy of Beloit College

*A toddler in Beloit, Wis., prepares to get a shot at a post-Stand For Children immunization fair.*

Many parents, says Dalton, have been calling to find out if the immunization van will be returning. As a result, the Beloit CAT is hoping to hold another fair in the spring. Already volunteers are showing enthusiasm about participating again next year.

"A lot of people are willing to help for a good cause," says Dalton. "Children's issues are always a good cause."

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### Religious communities inspire action for children

*(Continued from page 16)*

programs and trains local congregations to set up their own after-school projects.

In 1998, Campbell says the group will train students from local congregations to tutor students in reading. Volunteer reading partners will work one-on-one with struggling students after school one day a week, according to Campbell. Family Connections also plans to involve more congregations in providing child care in 1998, she says.

Such long-range efforts to improve children's lives are at the heart of what Children's Sabbaths seek to inspire in religious communities across the nation, explains Children's Sabbaths coordinator Marie Quinlan.

"The impact of the religious communities' increased involvement as a result of the Children's Sabbaths is making a significant difference—from the way parents are caring for their children to the priority that legislators are giving to children's issues."

*The 1998 National Observance of Children's Sabbaths scheduled for October 16-18 will focus on quality child care. For more information, call Marie Quinlan at 202-662-3693, e-mail cdfsabbaths@childrensdefense.org, or visit CDF's Web site at http://www.childrensdefense.org.*

# Conference to celebrate 25 years of hard work for children

Registration is underway for CDF's 1998 conference, scheduled for March 25-28, in Los Angeles. The theme, *Celebrating 25 Years of Standing for America's Children*, honors CDF's quarter-century anniversary of advocacy and service on behalf of children and young people.

Attendees will have the opportunity to hear noted authors such as **Dorothy Allison** and **Alice Walker** speak. A community forum, sponsored by CDF and the President's Initiative on Race, chaired by **Dr. John Hope Franklin,** will explore how young people are affected by racism. And five young people from the L.A. area will be honored one evening for "beating the odds" and achieving academically.

Photo © Rick Reinhard

*Advocates at CDF's 1997 annual conference learn how to better children's lives.*

"The 1998 conference will have something for everyone who wants to learn new strategies to make a difference in the future," says CDF senior meeting planner **Leslie Warrick**. The informative sessions will enable people to get to better know one another, share success stories and innovative advocacy strategies, and learn more about local, state, and national initiatives to help children. In particular, attendees will have an opportunity to join in CDF's national campaign to promote better child care, early childhood education, and after-school activities.

Conference attendees also have the option of participating in one of 13 training sessions that will strengthen their child advocacy skills. These include nonprofit management, fundraising, hands-on technology, and spiritual renewal for advocates.

"Conference attendees in the past have said they really enjoy intensive instruction in advocacy areas that interest them," says Warrick, "so we're offering more of these sessions than ever before in topics that will help advocates work better for children."

In addition, there is a wide variety of plenaries and more than 130 workshops on topics like getting the vote out, funding after-school programs, bringing Stand For Children Day 1998 to your community, learning how to develop mentoring projects, and setting up Child Watch programs. To ensure that advocates are able to attend the workshops of their choice, attendees are encouraged to preregister as soon as possible. And for the first time, continuing education credits are available to attendees.

*For more information or registration materials, contact Leslie Warrick, 202-662-3593, or visit CDF's 1998 conference Web site, http://www.childrensdefense.org/conf97.*

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Several large-scale events this past fall successfully kicked off CDF's silver anniversary.

On Oct. 3 and Oct. 5, two spectacular concerts given in Washington, D.C., by singer **Whitney Houston** raised $250,000 for CDF's 25th anniversary campaign, according to CDF Special Events Manager **Sharie Brown Wood**.

On Oct. 19, more than 3,000 children's advocates filled the vast Cathedral of St. John the Divine in New York City for a lively afternoon of music and dance by some of the city's premier youth performance companies. Women's National Basketball Association (WNBA) star **Rebecca Lobo** introduced CDF President **Marian Wright Edelman**. When Edelman rose to speak, many in the audience waved purple and white "united for children" flags.

Photo © Evan Agostini

*First Lady Hillary Rodham Clinton (right) and CDF President Marian Wright Edelman kick off CDF's 25th anniversary.*

The following evening, about 800 friends of CDF attended a sold-out dinner and gala performance at Lincoln Center's Avery Fisher Hall. The 90-minute production of music, song, and dance featured an array of motion picture, television, and Broadway stars and raised more than $1 million for CDF's 25th anniversary.

An eight-minute video charting CDF's growth from a fledgling organization to a national powerhouse for children also wowed the audience. Honorary benefit chair **Hillary Rodham Clinton**, who was CDF's staff attorney in 1973 and its board chairman from late 1986 to early

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*(Continued from page 18)*

1992, recalled going door to door to collect research for CDF's landmark publication *Children Out of School in America*. That book was the first to draw attention to the millions of children—particularly children with disabilities—who were being left behind by not being included in school. The First Lady noted that CDF president and founder Marian Wright Edelman profoundly changed the way people thought about children and declared that it was "thrilling to see the scope of results" from her efforts.

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It was a night of honors on Nov. 19 for CDF's 1997 benefit at the National Building Museum in Washington, D.C.

**Nancy "Bitsey" Folger**, a longtime fixture in CDF's Development Division, received a special award for her role in coordinating CDF's very first benefit in 1985 and for her longtime advocacy on behalf of the District's young people.

*Nancy "Bitsey" Folger*

"Children have always been my major interest," says Folger. "It's in my genes." Her grandfather was a teacher, her mother was a school volunteer, and as a teen growing up in Cincinnati, Folger worked at the local children's hospital.

"All children should have an equal opportunity to thrive," she says. "They need everything from good health coverage to a strong education."

Folger has recently been on hiatus from CDF to raise a $25 million endowment for public rooms at the White House, a project begun by the Bush Administration. But despite her busy schedule, she still gives a hand with CDF's special projects, such as helping to decorate rooms at the former Alex Haley Farm, serving on the benefit executive planning committee, and organizing embassy dinners.

Her most memorable event? "It was a very special evening when President Clinton was just elected [1992], and he and Mrs. Clinton made their first public appearance at CDF's benefit," says Folger.

Also honored Nov. 19 were five extraordinary young people from the Washington metropolitan area, who have overcome great obstacles to excel in school and in their communities (see A Voice For Children, page 3).

Receiving Beat the Odds awards were **Diego Ivan Duran**, John F. Kennedy High School, Silver Spring, Md.; **Jennifer Lowery**, Colonel Zadok Magruder High School, Silver Spring, Md.; **Stalisha Lynea Gilmore**, Dunbar Senior High School, Washington, D.C.; **Finie Hunter**, Oxon Hill High School, Oxon Hill, Md.; and **Cyril Ogbenna**, Benjamin Banneker Academic Senior High School, Washington, D.C. (see photo above right).

Each student received a Beat the Odds plaque, a $2,000 cash scholarship, a $300 shopping spree at the Hecht Company, a $500 gift certificate from Eddie Bauer, a signed copy of one of Marian Wright Edelman's books, and CDF T-shirts.

Beat the Odds awards were presented by: **Gen. Julius Becton**, superintendent of D.C. Public Schools; former poet laureate **Rita Dove**, Second Lady of the United States **Tipper Gore**, U.S. Secretary of Transportation **Rodney Slater**, and CNN anchor **Judy Woodruff**.

More than 700 CDF friends and children's advocates attended the national benefit. The event, which raised $300,000, was funded in part by the **American Association of Retired Persons**, the **Coca-Cola Company**, the **Fannie Mae Foundation**, **Nordstrom**, **NBC-4**, **Sony Music Entertainment**, and the **Travelers Foundation.**

Photo © Beverly Reznick

*Young people who have "beaten the odds" to succeed (from left to right): Stalisha Lynea Gilmore, Jennifer Lowery, Cyril Ogbenna, Finie Hunter, and Diego Ivan Duran.*

Children from the **Mount Pleasant Missionary Baptist Church Freedom School Youth Choir** in Kansas City, Mo., also sang during the event.

Photo © Beverly Reznick

*Kansas City's Mount Pleasand Missionary Baptist Church Freedom School Youth Choir visited with CDF President Marian Wright Edelman before its performance at CDF's annual national benefit on Nov. 19.*

*News from the Black Community Crusade for Children*

# Honoring friends of the children's movement at Haley

By dedicating a room at the Former Alex Haley Farm to his late wife, Shirley, Dr. James Comer says he felt blessed with a unique opportunity to honor her and make a difference for children.

"At first it was part of the healing process for me and for our children, and that was important," says Comer, a Black Community Crusade for Children (BCCC) working committee member, renowned scholar, and educational reformer. "And it was Shirley's request before she passed away that she wanted for us to give more in a concentrated and direct way to an organization that represents our greatest interest—children. This was a chance to advance that interest and at the same time remember her."

Shirley Comer died in 1994 after a battle with cancer in New Haven, Conn., where her husband serves as director of the Yale Child Study Center School Development Program.

Photo courtesy of Dr. James Comer

*The Comer family at a birthday celebration for Dr. Comer: (from left) Brian, Mrs. Comer, Dr. Comer, and Dawn.*

## Honoring Mrs. Comer

In an elegant evening ceremony last August, the Comers gathered with friends to dedicate the Haley lodge sunroom in Shirley's name. Dawn Comer gave a reading and James Comer spoke about his late wife.

Illuminated by skylights, the sunroom is a reception area for guests visiting the farm. "The room we selected was really an expression of her personality and interests," Comer says. "Shirley was the best possible hostess, and the room reflects that—it's small, intimate, and warm with lots of light."

## Naming campaign to benefit BCCC

The opportunity to commemorate loved ones and make a pledge on behalf of children is part of a new naming project coordinated by the BCCC. By making a donation in support of the BCCC and the Haley Farm, individuals and organizations can designate a room, building, or even a tree to be named in honor of family, friends, or colleagues, says Pat Appel, CDF Director of Development.

"Haley Farm is such a special place," says Appel. "I can't think of a better setting that invokes such poignant memories about families and children than Haley."

Donations will be used to support the activities of the BCCC, to build or renovate structures, and to begin an endowment for the 127-acre Haley Farm, a center for spiritual renewal, character and leadership development, and intergenerational mentoring.

The Charles Stewart Mott Foundation will provide a dollar-for-dollar match as part of its $3 million challenge grant.

In September 1998, CDF/BCCC supporters and friends plan to gather for a weekend celebration and ceremony dedicating several structures at the farm, including one room in honor of renowned poet Maya Angelou.

"Honoring a loved one or recognizing an individual's commitment to children by sponsoring a room or a tree at the Haley Farm is a timeless act," says BCCC Director Barbara Kelley-Sease, "that brings together members of BCCC's extended family to protect our shared future—our children."

*For more information about the naming project at Haley, contact CDF's Development Division at 202-662-3518.*

Photo © D. Kym Gibson

*The White House at the Former Alex Haley Farm.*

# Money Talk

*by Pat Appel, Director of Development*

## Well-managed lists yield profits

Advocacy groups for children, like all nonprofits, should always be looking for ways to enhance their fundraising efforts in order to increase their effectiveness. If the first rule of fundraising is to ask people to give, the second rule is being systematic and comprehensive about whom to ask. Developing lists and maintaining accurate records make it easy to target potential donors and encourage past donors to keep on giving. With a little in-house organization and communication, updating and managing lists will become an easy part of your ongoing development campaign.

To find potential donors:

**Network**. Gather from your colleagues, board members, and volunteers the names of individuals who have some connection or interest in advocacy for children. For example, friends, families, and business associates, the people you worship with, newsletter recipients, and event or conference attendees are all possible donors. Don't forget to peruse your executive director's Rolodex and add those names to your list as well. Remember also that the holiday season, when people tend to socialize more, provides a great opportunity to collect business cards with names of potential donors. People also tend to give more at the end of the year, not just because of holiday spirit but also to take advantage of end-of-the-year tax deductions.

**Borrow and rent lists**. Whenever someone from your group is asked to give a speech, that person should always make a point of requesting an attendee mailing list. This will enable your group to identify a source of potential donors with an established interest in children's issues, as well as supporters and volunteers—critical to the grassroots component of your organization's agenda. Then send them informational follow-up letters, noting the variety of ways in which they may be of assistance. Ultimately, you may be able to persuade them to support your particular activities.

In addition, commercial list brokers rent or exchange lists on a one-time basis. Check the Yellow Pages for companies in your area and ask them to send you a directory, or ask other child welfare groups like yours for the names of list brokers they use and can recommend. Other advocacy groups in your community also may be willing to share or exchange their lists with you.

**Investigate**. Go to the library and local courthouse or go on-line to do a search of newspapers, other periodicals, real estate listings, stockholdings, and probate records to determine potential donors' charitable interests and typical giving levels. You will also be able to discover whether you have any mutual friends or associates. Keeping abreast of donations made to organizations like yours may help your group tap into the same resources. And, the Federal Elections Commission and state elections commissions should be able to provide you with a list of people who have contributed to candidates supportive of children's issues.

Once you have gathered a list of potential donors, separate it into two categories: one group (often called *suspects* in fundraising vernacular) may be willing to give to your organization but will require you to do more research while the other group (often called *prospects*) has been thoroughly researched and is ready for targeting. Create a separate list for donors. As potential donors move into the donor category, update your list accordingly.

The best fundraising lists are computerized. By using the right software, even the smallest nonprofits can generate personalized letters and labels for prospect and donor mailings.

Computer entries on each donor and potential donor should include: name, address, phone and fax numbers, spouse or partner and children's names, and names of any personal secretaries or assistants. It should also include past and present charitable giving, usual giving levels, the names of mutual friends and associates, and events attended. After each solicitation, update your files.

Add to your donor list information on the amount given to your group, when the gift was made, and which appeal generated the donation. Tracking the giving habits of your donors may well help you increase donation amounts. Keep in mind that this is as important as gaining new donors. For example, someone who has given $50 three times during the past fiscal year should be asked for a gift of $100 in the next appeal.

**Developing lists and maintaining accurate records make it easy to target potential donors and encourage past donors to keep on giving. With a little in-house organization and communication, updating and managing lists will become an easy part of your ongoing development campaign.**

While even the best list won't contain all the answers you need before approaching prospects or donors, a well-managed one will provide you with enough background to devise an appropriate cultivation strategy. And this will be profitable for your nonprofit!

*For more information about this column or how to make a gift to CDF, please call Pat Appel, 202-662-3525.*

# One step for children

Commit to making 1998 a year when children's needs are recognized by policy makers.

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## Fighting more than fires in Chicago

The firefighters of Fire Engine Company 16 in Chicago fight some tough blazes. But when the flames are out, the gear put away, and the trucks cleaned, their attention turns to the neighborhood children.

"There aren't too many places kids can go in this neighborhood to feel safe," says Lt. Arthur Lewis, who helped initiate an open-door policy eight years ago. "We have made the firehouse a safe haven."

Young people who live in the nearby public housing projects know they can go to the firehouse after school or on weekends to seek advice and get help with schoolwork. The 21 firefighters and 12 paramedics in the company act as surrogate fathers, bandaging children's cuts, playing chess, resolving conflicts, and fixing bikes.

"Most children are going to react to their environment," says Lewis. "If that environment is selling drugs or fighting, they're going to mimic that. Children get a chance here to meet guys that are good role models. We show them that if they work hard they can be anything they want to be."

There are rules for who can come into the station, says Lewis. Young people must be in school and have good hygiene. Swearing, horseplay, and gang signs are not allowed.

Three years ago, the firefighters initiated an attendance program with one of the local schools. Students with perfect attendance at the end of each month have a chance to win a T-shirt emblazoned with their school logo on the front and "Engine 16, Ambulance 35 Attendance Winner!" on the back. The T-shirts are paid for out of the firefighters' and paramedics' own pockets. At the end of the school year, two students—one boy and one girl—with perfect attendance and As and Bs on their report cards receive new bicycles.

A bicycle repair shop has been set up in the basement where young people can fix their bikes. Used bikes donated to the station are spiffed up and given to young people who may not get As and Bs but whose progress reports at school are good.

Last year, the attendance rate at the school jumped from about 85 percent to 94 percent, according to Lewis. The firehouse this year is trying to establish an attendance program with a second school.

"None of this would be a success if all of the guys weren't involved," notes Lewis.

Interacting with young people is gratifying, Lewis says, and he recommends it to other firehouses. "We're here 24 hours a day. Until we get a call [to a fire] our time is spent waiting for a situation. We decided to use that time helping the children in the neighborhood.

"We are public servants," he adds, "and children are part of the public. So it's our job to do more than just put out fires."

*For more information, call Fire Engine Company 16, 773-268-0232.*

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